

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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

Sanders Laboratories, Inc. 10090 Bavaria Rd 1050 Endeavor Ct
 Ft. Myers, FL 33913 Nokomis, FL 34275
 239-590-0337 941-488-8103
 E85457 E84380

Lab Receipt Date & Time: 12/4/24 1230 TB
 Analysis Date & Time: 12-4-24 1430 DH
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 1.9 °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 241252 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: Town of Fort Myers Beach **PWS I.D.** 5364145

PWS Address: 2525 Estero Blvd **City:** Fort Myers Beach **State:** FL **Zip:** 33931

PWS or PWS Owner's Phone #: 239-765-0202 **Fax #:** _____

Collector: Keith Hofacker **Collector's Phone #:** 239-313-3795

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: 12/04/24 Day 1

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² : <input checked="" type="checkbox"/> SM 9223B <input type="checkbox"/> SM 9222B <input type="checkbox"/> EC-MUG <input type="checkbox"/> Other _____				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	133 Estero Blvd	10 AM	S	3.0	9.1		P	A		1A
2	414 Palermo Cir	10:15 AM	S	3.5	8.7		A	A	U	2A
3	2751 Oak St	10:30 AM	S	1.4	8.6		A	A	U	3A
4	144 Baymar Dr	10:42 AM	S	3.2	8.7		A	A	U	4A
5	7120 Estero Blvd	10:55 AM	S	3.5	8.7		A	A	U	5A
								ADH		

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine of Total chlorine (circle one).

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# _____)
 Supervised by certified operator (# A-4359)
 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: 12-5-24 956 DH

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

Date Report Issued: 12/5/24

Lab Signature: TJH

Title: Lab Manager

Name: Vanessa Kraft
 Address: 2731 Oak St
 City State Zip: Fort Myers Beach, FL 33931
 Email: VKRAFT@FMBGOV.COM

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions item I 16.
² For Analysis Methods see Instructions item II 6.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.
⁵ 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.
 * A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count
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 Form #: RCF-19 Approved by: KS 12/11/2014

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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

Sanders Laboratories, Inc. 10090 Bavaria Rd 1050 Endeavor Ct
 Ft. Myers, FL 33913 Nokomis, FL 34275
 239-590-0337 941-488-8103
 E85457 E84380

Lab Receipt Date & Time: 12/5/24 1545 TB
 Analysis Date & Time: 12-5-24 1554 DH
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 7.6 °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 2412 238 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: Town of Fort Myers Beach **PWS I.D.** 5 3 6 4 1 4 5
PWS Address: 2525 Estero Blvd **City:** Fort Myers Beach **State:** FL **Zip:** 33931

PWS or PWS Owner's Phone #: 239-765-0202 **Fax #:** _____
Collector: Keith Hofacker **Collector's Phone #:** 239-313-3795

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: 12/05/2024 Day 1 repeat

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² : <input checked="" type="checkbox"/> SM 9223B <input type="checkbox"/> SM 9222B <input type="checkbox"/> EC-MUG <input type="checkbox"/> Other _____				
						Non-Coliform	Total Coliform	Fecal (E. coli) Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	133 Estero Blvd	3:00pm	C/S	4.1	8.6		A	A	u	1A

Average of disinfectant residuals for distribution routine & repeat samples.⁵ 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 (# _____)
 Supervised by certified operator (# A - 4359)
 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: 12/6/24
Lab Signature: JH
Title: Lab Manager

Name: Vanessa Kraft
 Address: 2731 Oak St
 City State Zip: Fort Myers Beach, FL 33931
 Email: VKRAFT@FMBGOV.COM

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions item I 16.
² For Analysis Methods see Instructions item II 6.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.
⁵ 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.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

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 Ft. Myers, FL 33913 Nokomis, FL 34275
 239-590-0337 941-488-8103
 E85457 E84380

Lab Receipt Date & Time: 12/5/24 1100 TB
 Analysis Date & Time: 12-5-24 1505 DH
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 6.2 °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 2412 210 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: Town of Fort Myers Beach

PWS I.D. 5 3 6 4 1 4 5

PWS Address: 2525 Estero Blvd

City: Fort Myers Beach State: FL Zip: 33931

PWS or PWS Owner's Phone #: 239-765-0202

Fax #: _____

Collector: Keith Hofacker

Collector's Phone #: 239-313-3795

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: 12/05/24 Day 2

To be completed by collector of sample

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH
1	133 Estero Blvd	8:37 AM	S	3.9	8.5
2	414 Palermo Cir	8:50 AM	S	3.8	8.8
3	2751 Oak St	8:00 AM	S	2.6	8.8
4	144 Baymar Dr	9:20 AM	S	3.1	8.6
5	7120 Estero Blvd	9:10 AM	S	3.8	8.7

To be completed by lab

Analysis Method(s) ² : <input checked="" type="checkbox"/> SM 9223B <input type="checkbox"/> SM 9222B <input type="checkbox"/> EC-MUG <input type="checkbox"/> Other _____				
Non-Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
	PXPH	A	u	1A
	A	A	u	2A
	A	A	u	3A
	A	A	u	4A
	A	A	u	5A

Average of disinfectant residuals for distribution routine & repeat samples.⁵ 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 (# _____)
 Supervised by certified operator (# A - 4359)
 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: 12-6-24 1034 DH

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

Date Report Issued: 12/6/24

Lab Signature: TMA

Title: Lab Manager office mgr

Name: Vanessa Kraft
 Address: 2731 Oak St
 City State Zip: Fort Myers Beach, FL 33931
 Email: VKRAFT@FMBGOV.COM

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

¹ For Sample Types see Instructions item I 16.

² For Analysis Methods see Instructions item II 6.

³ Please circle appropriate selection.

⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.

⁵ 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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 Ft. Myers, FL 33913 Nokomis, FL 34275
 239-590-0337 941-488-8103
 E85457 E84380

Lab Receipt Date & Time: 12/6/24 12:40 TB
 Analysis Date & Time: 12-6-24 1359 DH
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 9.4°C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 2412248 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: Town of Fort Myers Beach

PWS I.D.

5	3	6	4	1	4	5
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PWS Address: 2525 Estero Blvd

City: Fort Myers Beach State: FL Zip: 33931

PWS or PWS Owner's Phone #: 239-765-0202

Fax #: _____

Collector: Keith Hofacker

Collector's Phone #: 239-313-3795

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: 12/06/24 Day 2 Repeat

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² : <input checked="" type="checkbox"/> SM 9223B <input type="checkbox"/> SM 9222B <input type="checkbox"/> EC-MUG <input type="checkbox"/> Other _____				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	133 Estero Blvd	12:05 PM	C/S	3.8	8.7		A	A	U	1A

Average of disinfectant residuals for distribution routine & repeat samples.⁵ 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 (# _____)
 Supervised by certified operator (# A - 4359)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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Date and time PWS notified by lab of positive results: _____

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

Date Report Issued: _____

Lab Signature: _____

Title: Lab Manager

Name: Vanessa Kraft
 Address: 2731 Oak St
 City State Zip: Fort Myers Beach, FL 33931
 Email: VKRAFT@FMBGOV.COM

DEP/DOH USE ONLY

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

¹ For Sample Types see Instructions item I 16.

² For Analysis Methods see Instructions item II 6.

³ Please circle appropriate selection.

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⁵ 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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