

DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Florida Department of Health Lee County, Environmental Engineering
 60 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200
 Certification No.: E25706 EPA No.: FL00122

Analysis Date & Time: 02/04/25 2:30pm
 Lab Receipt Date & Time: _____

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 54 °C
 Disinfectant Check Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____
Analysis Requested: Total Coliform/E. coli Type: MUG + 8 P

Check One:
 Collected by DOH-Lee per Standard Method 9060A
 Not collected by DOH-Lee

System Name: TOWN OF FORT MYERS BEACH System I.D.: 5364145
 System Address: 2801-1 ESTERO BOULEVARD City: FORT MYERS BEACH, FL
 System or Owner's Phone: 239-463-9914 Fax/Email: 239-463-9984
 Project (Location or S/D): 8192 Bay Beach Ln. F.M.B. / 4182 Bay Beach Ln. F.M.B.
 Collector: TIM KELLY Contact/How: 239-284-0473

Type of Supply: (check only one)
 Community Water System Non-Transient Non-Community Water System Transient Non-Community Water System
 Limited Use System Private Well Master Meter Other: _____

Reason for Sampling: (check all that apply)
 Distribution Distribution Repeat Raw Raw Repeat Well Survey Other: _____
 Boil Water Notice Day 1 Day 2 Clearance Day 1 Day 2

Sample Collection Date: 02/4/2025

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	Disinfect Res'd (mg/L)	pH	Weight Wet Basis			
#						Analysis Method(s)²:			
						Total Coliform: <input checked="" type="checkbox"/> SM9223B - Colilert <u>-18</u>			
						E. Coli: <input checked="" type="checkbox"/> SM9223B - Colilert <u>-18</u>			
						Total Coliform/Confirm.	E. Coli/Confirm.	Data Qualifier ²	Lab Sample Number
	<u>up stream 4182 bay beach Ln</u>	<u>10:30 AM</u>	<u>S</u>			<u>A</u>	<u>A</u>	<u>U</u>	<u>2502042801</u>
	<u>Downstream 4182 bay beach Ln.</u>	<u>10:55 AM</u>	<u>S</u>			<u>A</u>	<u>A</u>	<u>U</u>	<u>2502042802</u>
water samples collected by client, the results reflect the bacteriological condition of this particular sample of water and should not be construed as Health Dept. approval or disapproval of any particular water supply									

Average of disinfectant residuals for distribution routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other:
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# _____) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

²Defined in Florida Administrative Code Rule 62-160, Table 1
 All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22.
 All tests are relevant to the samples. For questions about this report contact 239-274-2200. Spoke to Kelly w/ results to email 2/5/25 10:37 AM P

Date notified of positive results: _____
 Date Issued: 02/05/25 8:51am
 Lab Signature: Jusan Brown-Duda Title: Lab. Tech. II

TIM KELLY - 239-482-3888
 TIMK@UNITEDPLUMBINGINC.COM

Name/Mailing Address of Person to Receive Report:

UNITED PLUMBING
 3560 TEESIDE LANE
 FT. MYERS, FL 33916

DEP/DOH USE ONLY

Satisfactory Incomplete Collection Information
 Unsatisfactory Replacement Samples Required
 Repeat Samples Required

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

DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Florida Department of Health Lee County, Environmental Engineering
60 S. Danley Dr #1, Ft. Myers, FL 33907 (239) 274-2200
Certification No. E25706 EPA No. FL00122

Analysis Date & Time 2/5/25 2:49pm
Lab Receipt Date & Time _____

Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice 59 °C
Disinfectant Check Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number _____ Sub-Contract Lab ID _____
Analysis Requested: Total Coliform/E. coli Type MUG-18 P

Check One:
 Collected by DOH-Lee per Standard Method 9060A
 Not collected by DOH-Lee

System Name TOWN OF FORT MYERS BEACH System I.D. 5364145
System Address 2801-1 ESTERO BOULEVARD City FORT MYERS BEACH, FL
System or Owner's Phone 239-463-9914 Fax/Email 239-463-9984
Project (Location or SID) 4192 Bay Beach Ln FMB / 4182 Bay Beach Ln FMB
Collector: Tim Kelly Contact/How: 239-984-0473

Type of Supply: (check only one)
 Community Water System Non-Transient Non-Community Water System Transient Non-Community Water System
 Limited Use System Private Well Master Meter Other _____

Reason for Sampling: (check all that apply)
 Distribution Distribution Repeat Raw Raw Repeat Well Survey Other _____
 Boil Water Notice Day 1 Day 2 Clearance Day 1 Day 2

Sample Collection Date: 2/5/25

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	Disinfect Res'id (mg/L)	pH	Weight Wet Basis			
	Upstream 4192 Bay Beach Ln	11:30 AM	S			Analysis Method(s): Total Coliform: <input checked="" type="checkbox"/> SM9223B - Coliert -18 E. Coli: <input checked="" type="checkbox"/> SM9223B - Coliert -18			
	Downstream 4182 Bay Beach Ln	11:45 AM	S			Total Coliform/Confirm	E. Coli/Confirm	Data Qualifier ²	Lab Sample Number
						A	A	U	2502051601
						A	A	U	2502051602
Water samples collected by client, the results reflect the bacteriological condition of this particular sample of water and should not be construed as Health Dept. approval or disapproval of any particular water supply.									

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Average of disinfectant residuals for distribution routine and repeat samples (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

¹Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22.

All tests are relevant to the samples. For questions about this report contact 239-274-2200. *Spoke w/ Megan w/ results & emailed 2/6/25 11:47am*

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# _____) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

Date notified of positive results _____
Date issued: 02/06/25 10:14am
Lab Signature: Jusan Boon-Duda Title: Lab.Tech.II

TIM KELLY - 239-482-3888
TIMK@UNITEDPLUMBINGINC.COM
MATTHEW@UNITEDPLUMBINGINC.COM
COOY@UNITEDPLUMBINGINC.COM
Name/Mailing Address of Person to Receive Report:

UNITED PLUMBING
3560 TEESIDE LANE
FT. MYERS, FL 33916

DEP/DOH USE ONLY

Satisfactory Incomplete Collection Information
 Unsatisfactory Replacement Samples Required
 Repeat Samples Required

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

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count; Data Qualifier: U = compound was analyzed for but not detected; B = Colony counts outside the acceptable range; O = sample held beyond the accepted holding time; Y = the laboratory analysis was from an improperly preserved sample; Z = too many colonies were present (TNTC).
DWR Form 2013-12 (Revised 01/11/2019) Page 1 of 1

