

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

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

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

Analysis Date & Time: 02/11/25 2:23pm
 Lab Receipt Date & Time: _____
Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 2.0 °C
 Disinfectant Check Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

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): Estero Blvd
 Collector: Thomas Jenkins Contact/How: 239 246 4188

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: ~~02/11/25~~ 2/11/25 ✓ TJ

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			
						Total Coliform/Confirm.	E. Coli/Confirm.	Data Qualifier ²	Lab Sample Number
1	5776 Estero Blvd	8:40 am	S	2.9	7.4	A	A	U	25021128-01
2	5740 Estero Blvd	9 am	S	3.3	7.2	A	A	U	25021128-02
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.)
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 w/ Thomas J with results & emailed 2/12/2025 9:53 AM*

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: 02/12/25 8:57am
 Lab Signature: Jusan Boon-Duda Title: Lab. Tech II

Chad Baker, Project Manager
 Email: chad@andrewsitework.com
 Cell: 239-462-3189

Name/Mailing Address of Person to Receive Report:
ANDREW SITWORK LLC
2511 PALM AVE.
FORT 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: _____

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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: 02/12/25 2:03pm
 Lab Receipt Date & Time: _____

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 1.0 °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**

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): Estero Blvd
 Collector: Thomas Jenkins Contact/How: 239 246 4188

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: 2/12/25 ✓

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'd (mg/L)	pH	Weight Wet Basis			
1	5770 Estero Blvd	8am	S	3.3	7.1	Analysis Method(s):² Total Coliform: <input checked="" type="checkbox"/> SM9223B - Colilert -18 E. Coli: <input checked="" type="checkbox"/> SM9223B - Colilert -18			
2	5740 Estero Blvd	8:25 ^{am}	S	3	7.2	Total Coliform/Confirm.	E. Coli/Confirm.	Data Qualifier ²	Lab Sample Number
						A	A	U	25021221-01
						A	A	U	25021221-02
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.)

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 All tests are performed in accordance with NELAC standards. Statement of estimated uncertainty can be found in QA Manual section 22.

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

All tests are relevant to the samples. For questions about this report contact 239-274-2200. Spoke w/ Thomas's results & emailed 02/13/2025 10:54 AM

Date notified of positive results: _____
 Date Issued: 02/13/25 8:42am
 Lab Signature: Jusan Boon-Duda Title: Lab. Tech. II

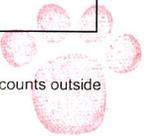
Chad Baker, Project Manager
 Email: chad@andrewsitework.com
 Cell: 239-462-3189

Name/Mailing Address of Person to Receive Report:
ANDREW SITEWORK LLC
 2511 PALM AVE.
 FORT MYERS, FL 33916

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 Unsatisfactory Replacement Samples Required
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Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____



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60 S. Danley Dr. #1, Ft. Myers, FL 33907 (239) 274-2200
Certification No.: E25706 EPA No.: FL00122

Report Number: _____ Sub-Contract Lab ID: _____
Analysis Requested: Total Coliform/E. coli Type: **MUG 18-8**

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

Analysis Date & Time: **02/12/25 2:03pm**
Lab Receipt Date & Time: _____

Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice **3.2**°C
Disinfectant Check Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

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): Gulf Island
Collector: Thomas Jenkins Contact/How: 239 246 4188

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: 2/12/25

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'd (mg/L)	pH	Weight Wet Basis			
1	103 gulf Island Dr	9 am	S	2.9	7.2	Analysis Method(s) ² : Total Coliform: <input checked="" type="checkbox"/> SM9223B - Colilert -18 E. Coli: <input checked="" type="checkbox"/> SM9223B - Colilert -18			
2	173 gulf Island Dr	9:15 am	S	3.3	7.1	Total Coliform/Confirm.	E. Coli/Confirm.	Data Qualifier ²	Lab Sample Number
						A	A	U	25021222-01
						A	A	U	25001222-02
later 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.)

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All tests are relevant to the samples. For questions about this report contact 239-274-2200. *Spoke w/ Thomas J. Wheeler & emailed*

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other:
Person performing analysis is (Please see instructions on reverse):
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