

# 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. P**

Check One:

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

Analysis Date & Time: **08/28/25 2:40 pm**  
Lab Receipt Date & Time: \_\_\_\_\_

**Sample Acceptance Criteria:**

Sample Preservation  On Ice  Not On Ice  **23** °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): **3800 Cstero 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: **8/27/2025**

To be completed by collector of sample						To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Weight Wet Basis			
1	101 Bayman Dr F/H	2pm	S	3.1	7.2	Analysis Method(s) <sup>2</sup> : Total Coliform: <input checked="" type="checkbox"/> SM9223B - Colilert <b>-18</b> E. Coli: <input checked="" type="checkbox"/> SM9223B - Colilert <b>-18</b>			
2	3749 Cstero Blvd F/H	2:20 pm	S	3	7.1	Total Coliform/Confirm.	E. Coli/Confirm.	Data Qualifier <sup>2</sup>	Lab Sample Number
						A	A	U	25082811-01
						A	A	U	25082811-02
<p>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.</p>									

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.)

<sup>2</sup>Defined 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 Chad w results & emailed formo water 8/28/25 P**

**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: **08/29/25 9:24am**

Lab Signature: **Juan Boon-Duda** Title: **Lab Tech II**

**Chad Baker, Project Manager**  
Email: [chad@andrewsitework.com](mailto: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**

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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 Not collected by DOH-Lee

Analysis Date & Time: **08/28/25 2:40pm**  
 Lab Receipt Date & Time: \_\_\_\_\_

**Sample Acceptance Criteria:**

Sample Preservation  On Ice  Not On Ice  **1.8** °C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

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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): **3800 Estero Blvd**

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2	3749 Estero Blvd F/H	8:am	S	3.2	7	Total Coliform/Confirm.	E. Coli/Confirm.	Data Qualifier <sup>2</sup>	Lab Sample Number
						A	A	U	25082812-01
						A	A	U	25082812-02
<p><small>1. If 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.</small></p>									

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All tests are relevant to the samples. For questions about this report contact 239-274-2200. **Spoke w/ chad w/ results & emailed 8/29/25 10:27am**

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**Person performing analysis is (Please see instructions on reverse):**  
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Date notified of positive results: \_\_\_\_\_

Date Issued: **08/29/25 9:24am**

Lab Signature: **Jusan Boon-Buda** Title: **Lab.Tech.II**

**Chad Baker, Project Manager**  
 Email: [chad@andrewsitework.com](mailto:chad@andrewsitework.com)  
 Cell: 239-462-3189

**Name/Mailing Address of Person to Receive Report:**  
**ANDREW SITEWORK LLC**  
**2511 PALM AVE.**  
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