

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: 09/30/25 1:55pm
Lab Receipt Date & Time: _____

Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice 24 °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.: 53L64145
System Address: 2801-L Estero Blvd City: Fort Myers Beach FL
System or Owner's Phone: 239 463 9914 Fax/Email: 239 463 9984
Project (Location or S/D): Estrellita Dr
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: 9/29/25

| 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 | 150 Estrellita | 4:06 ^{pm} | S | 3 | 7 | Analysis Method(s): Total Coliform: <input checked="" type="checkbox"/> SM9223B - Colilert <u>-18</u> E. Coli: <input checked="" type="checkbox"/> SM9223B - Colilert <u>-18</u> | | | |
| 2 | 275 Estrellita | 4:45 ^{pm} | S | 2.9 | 7.3 | Total Coliform/Confirm. | E. Coli/Confirm. | Data Qualifier ² | Lab Sample Number |
| | | | | | | A | A | U | 25093007-01 |
| | | | | | | A | A | U | 25093007-02 |
| <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.)

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.

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: 10/01/25 8:42am
Lab Signature: Jusan Brown-Duda Title: Lab. Tech. II
10/01/2025 10:36 am - LVM for Cheryl Emery, RLV

CHERYL@ANDREWSITWORK.COM
239-851-7473

Name/Mailing Address of Person to Receive Report:
ANDREW SITE WORK 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: _____

¹DEP 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; Q - sample held beyond the accepted holding time; Y - the laboratory analysis was from an improperly preserved sample; Z - too many colonies were present (TNTC)
DOH Form 2018-32 (Revised 07/01/2019) Page 1 of 1

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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 P-18**

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

Analysis Date & Time: 09/30/25 1:55pm
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.: ~~5364148~~ 5364145 *changed Per email 9/30/25 B*
System Address: 2801-Cstrelita Blvd City: Fort Myers Beach FL
System or Owner's Phone: 239 463 9914 Fax/Email: 239 463 9984
Project (Location or S/D): Cstrellita Dr.
Collector: inomas 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: 9/30/25

| 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 | 150 Cstrellita | 7am | S | 3 | 7.1 | Analysis Method(s): Total Coliform: <input checked="" type="checkbox"/> SM9223B - Colilert <u>-18</u> E. Coli: <input checked="" type="checkbox"/> SM9223B - Colilert <u>-18</u> | | | |
| 2 | 275 Cstrellita | 7:15 ^{am} | S | 3 | 7.3 | Total Coliform/Confirm. | E. Coli/Confirm. | Data Qualifier ² | Lab Sample Number |
| | | | | | | A | A | U | 25093008-01 |
| | | | | | | A | A | U | 25093008-02 |
| 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.) | | | | | | 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: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ Person performing analysis is (Please see instructions on reverse): <input type="checkbox"/> A certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Supervised by a cert operator (# _____) <input checked="" type="checkbox"/> Employed by DEP or DOH | | | | | | Date notified of positive results: _____ Date Issued: <u>10/01/25 8:42am</u> Lab Signature: <u>Jusan Brown-Duda</u> Title: <u>Lab. Tech II</u> | | | |

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. 10/01/2025 10:36am - LVH for Cheryl, Emailed KLU

CHERYL@ANDREWSITWORK.COM
239-851-7473

Name/Mailing Address of Person to Receive Report:
ANDREW SITE WORK 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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