



*Ft. Myers Lab02  
10090 Bavaria Rd.  
Fort Myers, FL 33913  
TEL: (239) 590-0337 FAX: (239) 590-0536  
Website: www.sanderslabs.net*

August 22, 2017

Arielle Taylor-Manges  
DEP-Bureau or Labs-Biology Section  
Twin Towers Lab Complex A RM 216 6515  
Tallahassee, FL 32399  
TEL: (850) 245-8191  
FAX:

RE: DEP Fecals

Order No.: 1708522

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 1 sample(s) on 8/16/2017 for the analyses presented in the following report.

These pages may include, but are not limited to: Analytical Data, Chains of Custodies, Subcontracted Data and Case Narratives.

Reports are archived for a minimum of 5 years. Copies of reports are available for a fee of \$50.00. Copies will be provided within 2 weeks of the time of the request.  
Laboratory PQL's are available upon request.

Test results meet all the requirements of the NELAP standards, unless otherwise noted.  
Nokomis Certificate # E84380 Fort Myers Certificate # E85457

A statement of estimated uncertainty of results is available upon request.  
Laboratory report shall not be reproduced except in full, without the written approval of Sanders Laboratories.

Sanders Laboratories follows DEP standard operating procedures for field sampling, unless otherwise noted.

Katie Strothman  
Laboratory Director



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## **Definition Only**

WO#: 1708522  
Date: 8/22/2017

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### **Definitions:**

B: Results based upon colony counts outside the acceptable range.

G: Sample value indicates that the analyte was detected at or above the method detection limit in both the sample and the associated field blank, equipment blank, or trip blank, and the blank value was greater than 10% of the associated sample value. The value in the blank shall not be subtracted from associated samples.

I: The reported value is greater than or equal to the laboratory MDL but less than the laboratory PQL.

J: Estimated Value.

J7: Excessive amounts of Sodium Sulfite used to dechlorinate the sample due to high levels of chlorine present.

K: Off scale low, actual value is known to be less than the value given.

L: Off scale high, actual value is known to be greater than the value given.

NC: Not Certified. Parameter was ran but is not covered under laboratory accredited scopes.

Q: Sample held beyond acceptable holding time.

U: The compound was analyzed for, but not detected.

V: Indicates that the analyte was detected at or above the MDL in both the sample and the associated method blank and the value of 10 times the blank value was equal to or greater than the associated sample value.

Y: The laboratory analysis was from an improperly preserved sample.

Z: Too many colonies were present for accurate counting.

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Original



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## Analytical Report

(continuous)

WO#: 1708522

Date Reported: 8/22/2017

**CLIENT:** DEP-Bureau or Labs-Biology Section

**Lab Order:** 1708522

**Project:** DEP Fecals

**Lab ID:** 1708522-001

**Collection Date:** 8/16/2017 12:21:00 PM

**Client Sample ID:** EVRGWC0104FTM G1SD081617-1

**Matrix:** AQUEOUS

| Analyses | Result | MDL | Qual | Units | DF | Date Analyzed |
|----------|--------|-----|------|-------|----|---------------|
|----------|--------|-----|------|-------|----|---------------|

**TOTAL COLIFORM MMO-MUG**

**A9223B**

Analyst: KL

|                  |     |      |  |           |   |                      |
|------------------|-----|------|--|-----------|---|----------------------|
| Escherichia Coli | 108 | 1.00 |  | MPN/100mL | 1 | 8/16/2017 3:55:00 PM |
|------------------|-----|------|--|-----------|---|----------------------|

**Qualifiers:**

|    |                                                                       |
|----|-----------------------------------------------------------------------|
| H  | Holding times for preparation or analysis exceeded                    |
| ND | Not Detected at the Reporting Limit                                   |
| RL | Reporting Detection Limit                                             |
| W  | Sample container temperature is out of limit as specified at testcode |

|    |                                                    |
|----|----------------------------------------------------|
| M  | Manual Integration used to determine area response |
| PL | Permit Limit                                       |
| U  | Samples with CalcVal < MDL                         |



CHAIN OF CUSTODY RECORD  
1050 Endeavor Ct.  
Nokomis, FL 34275

Project #  
(Lab Use Only)

1708 522

Client FDEP  
Address 2600 Blair Stone Rd.  
Tallahassee, FL 32399  
Phone 850-245-8085  
Fax \_\_\_\_\_

Report To: dep-Overflowmirco@dep.state.fl.us

Bill to: Carina Tull  
P.O. # B1697B

Project Name: SMP G1SD081617-1

Project Location: Collier

Customer Type: \_\_\_\_\_

Kit #: \_\_\_\_\_

Preservative: HCL = H, HNO<sub>3</sub> = N, Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> = ST

Requested Due Date: \_\_\_\_\_

H<sub>2</sub>SO<sub>4</sub> = S, NaOH = SH, NH<sub>4</sub>Cl = NH

| Sampled By (PRINT)<br><u>Chase Lenkey, Maryann Dugan</u> |                             |  |  |                        | Preservatives |                         |   |   |         | Analysis Requested |  |  |  |  |  |  |  |  |    | Sample ID #<br>(Lab Use Only) |
|----------------------------------------------------------|-----------------------------|--|--|------------------------|---------------|-------------------------|---|---|---------|--------------------|--|--|--|--|--|--|--|--|----|-------------------------------|
| Sampler Signature<br><u>[Signature]</u>                  |                             |  |  |                        | Sample        |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
| Matrix                                                   | Sample Description          |  |  | Date                   | Time          | Type                    | H | N | S       |                    |  |  |  |  |  |  |  |  |    |                               |
| Fresh                                                    | Drainage Ditch @ CR 850     |  |  | 8/16/17                | 1221          | Fresh                   |   |   |         |                    |  |  |  |  |  |  |  |  | 1A |                               |
|                                                          | EVRGWCO104FTM               |  |  |                        |               | Grab                    |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          | G1SD081617-1                |  |  |                        |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          |                             |  |  |                        |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          |                             |  |  |                        |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          |                             |  |  |                        |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          |                             |  |  |                        |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          |                             |  |  |                        |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          |                             |  |  |                        |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          |                             |  |  |                        |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
| Bottle Lot #                                             | Relinquished By/Affiliation |  |  | Date                   | Time          | Accepted By/Affiliation |   |   | Date    | Time               |  |  |  |  |  |  |  |  |    |                               |
|                                                          | RQ-2017-06-19-08            |  |  | Chase Lenkey SOROC DEP | 1305          | TBA                     |   |   | 8/16/17 | 1305               |  |  |  |  |  |  |  |  |    |                               |
|                                                          | Samples Are Ambient Water   |  |  | Client Initial:        | 8/16/17       |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          | E. Coli by Quanti Tray      |  |  | Samples On Ice         |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |
|                                                          |                             |  |  | Yes No                 |               |                         |   |   |         |                    |  |  |  |  |  |  |  |  |    |                               |

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Form #: RCF -02 Approved by: KS 7/11/2016