



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

November 01, 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.: 1710835

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 2 sample(s) on 10/25/2017 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#: 1710835
Date: 11/1/2017

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.

Original



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Analytical Report

(continuous)

WO#: 1710835

Date Reported: 11/1/2017

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1710835

Project: DEP Fecals

Lab ID: 1710835-001

Collection Date: 10/25/2017 12:35:00 PM

Client Sample ID: G2SD102517-4

Matrix: AQUEOUS

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
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TOTAL COLIFORM MMO-MUG

A9223B

Analyst: TC

Escherichia Coli	416	1.00		MPN/100mL	1	10/25/2017 3:00:00 PM
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Lab ID: 1710835-002

Collection Date: 10/25/2017 10:10:00 AM

Client Sample ID: G2SD102517-1

Matrix: AQUEOUS

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
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TOTAL COLIFORM MMO-MUG

A9223B

Analyst: TC

Escherichia Coli	575	1.00		MPN/100mL	1	10/25/2017 3:00:00 PM
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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

Project #
(Lab Use Only)

1710835

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

Report To: dep-Overflowmicro@dep.state.fl.usBill to: Carina TullP.O. # Lab #039Preservative: HCL = H, HNO₃ = N, Na₂S₂O₃ = STH₂SO₄ = S, NaOH = SH, NH₄Cl = NH

Project Name: SMP
 Project Location: SANASOTA STREAMS
 Customer Type: FL DEP / SOROC-FTM
 Kit #: _____

Requested Due Date: _____

Sampled By (PRINT)		Sampler Signature		Sample		Preservatives		Analysis Requested										Sample ID # (Lab Use Only)	
Matrix	Sample Description	Date	Time	Type	I	S	S												
F	RQ-2017-10-23-02 10/26/2017 WBID 1984AB North Creek by Oaks Creek Ct. G2SD102517-4 Field ID STORET G3SD0064	10/25/17	1235	G		✓		✓									1A		
F	RQ-2017-10-23-02 10/26/2017 WBID 1936A Walker Creek at 32nd Street G2SD102517-1 Field ID STORET SARABY0045FTM	10/25/17	1405	G		✓		✓									2A		
Bottle Lot #	Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time													
RQ-2017-10-23-02	STEVE COFONE / FTM SOROC	10/25/17	1405		10/25	1405													
Samples Are Ambient Water	Client Initial:																		
E. Coli by Quanti Tray	Samples On Ice																		
Yes No																			

1050 Endeavor Ct, Nokomis, FL 34275-3623 (941) 488-8103 fax(941) 484-6774

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