



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

November 17, 2017

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

RE: DEP Fecals

Order No.: 1711391

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 5 sample(s) on 11/13/2017 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#: 1711391
Date: 11/17/2017

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#: 1711391

Date Reported: 11/17/2017

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1711391

Project: DEP Fecals

Lab ID: 1711391-001

Collection Date: 11/13/2017 11:40:00 AM

Client Sample ID: G1SD111317-2 (IMPERIAL RIVER 41)

Matrix: SURFACE WATER

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
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ENTEROCOCCUS

ENTEROLERT

Analyst: TC

Enterococcus	87.5	2.00		MPN/100mL	1	11/13/2017 2:40:00 PM
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Lab ID: 1711391-002

Collection Date: 11/13/2017 10:30:00 AM

Client Sample ID: G1SD111317-1 (HENDRY CREEK)

Matrix: SURFACE WATER

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
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ENTEROCOCCUS

ENTEROLERT

Analyst: TC

Enterococcus	40.5	2.00		MPN/100mL	1	11/13/2017 2:40:00 PM
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Lab ID: 1711391-003

Collection Date: 11/13/2017 12:55:00 PM

Client Sample ID: G1SD111317-3 (IMPERIAL AT OPP)

Matrix: SURFACE WATER

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

A9223B

Analyst: TC

Escherichia Coli	62	1.00		MPN/100mL	1	11/13/2017 2:15:00 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



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Analytical Report

(continuous)

WO#: 1711391

Date Reported: 11/17/2017

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1711391

Project: DEP Fecals

Lab ID: 1711391-004

Collection Date: 11/13/2017 12:10:00 PM

Client Sample ID: G1SD111317-4 (OAK CREEK)

Matrix: SURFACE WATER

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

A9223B

Analyst: TC

Escherichia Coli	260.3	1.00		MPN/100mL	1	11/13/2017 2:15:00 PM
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Lab ID: 1711391-005

Collection Date: 11/13/2017 11:09:00 AM

Client Sample ID: G1SD111317-5 (MULLOCK CREEK)

Matrix: SURFACE WATER

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

A9223B

Analyst: TC

Escherichia Coli	547.5	1.00		MPN/100mL	1	11/13/2017 2:15:00 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)

1711391

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

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

Bill to: Carina Tull

P.O. # Lab #039

Preservative: HCL = H, HNO₃ = N, Na₂S₂O₃ = STH₂SO₄ = S, NaOH = SH, NH₄Cl = NH

Project Name: SMP- LEE CO. STREAMS

Project Location: LEE COUNTY

Customer Type: FL DEP - S ROC

Kit #:

Requested Due Date:

Sampled By (PRINT)				Preservatives				Analysis Requested												Sample ID # (Lab Use Only)	
Sampler Signature				Sample																	
Matrix	Sample Description	Date	Time	Type	H	N	S														
F	G1SD 111317-2 (Imperial River 4)	11/13/17	1140	GRAB	X													1A			
F	G1SD 111317-1 (Hendry Crk)		1030 1030	GRAB	X													2A			
F	G1SD 111317-3 (Imperial at Orr)		1255	GRAB	X													3A			
F	G1SD 111317-4 (Oak Creek)		1210	GRAB	X													4A			
Bottle Lot #				Relinquished By/Affiliation				Date	Time	Accepted By/Affiliation				Date	Time						
RQ-2017-10-30-02				MARIANN DUGAN				11/13/17	1412	Michelle G...				11/13/17	1412						
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

10090 Bavaria Rd., Fort Myers, FL 33913 (239) 590-0337 fax (239) 590-0536

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



CHAIN OF CUSTODY RECORD

Project #
(Lab Use Only)

1711391

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. # Lab #039

Project Name: SMP-LEE CO. STREAMSProject Location: LEE COUNTYCustomer Type: FL DEP S ROC

Kit #: _____

Requested Due Date: _____

Sampled By (PRINT) <u>JOHN BARRINGTON</u>					Preservatives					SM9223B E Coll	Analysis Requested										Sample ID # (Lab Use Only)
Sampler Signature <u>[Signature]</u>					Sample																
Matrix	Sample Description				Date	Time	Type	T	S												
F	GISD111317-5 MULOCK CREEK				11/13/17	1109	GRAB	X												5A	
Bottle Lot #	RQ-2017- 10-30-02				Relinquished By/Affiliation <u>JOHN BARRINGTON</u>					Date	Time	Accepted By/Affiliation <u>[Signature]</u>					Date	Time			
	Samples Are Ambient Water				Client Initial: <u>FL DEP</u>																
	E. Coli by Quanti Tray				Samples On Ice																
					Yes No																

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