



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

March 19, 2018

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.: 1803534

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 4 sample(s) on 3/15/2018 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



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

Definition Only

WO#: 1803534
Date: 3/19/2018

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



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

Analytical Report

(continuous)

WO#: 1803534

Date Reported: 3/19/2018

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1803534

Project: DEP Fecals

Lab ID: 1803534-001

Collection Date: 3/15/2018 1:20:00 PM

Client Sample ID: Whidden Creek S Pt G2SD0029

Matrix: AQUEOUS

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

FECAL COLIFORM

A9222D

Analyst: TC

Coliform, Fecal	2.00	2.00	B	CFU/100ml	2	3/15/2018 4:34:00 PM
-----------------	------	------	---	-----------	---	----------------------

Lab ID: 1803534-002

Collection Date: 3/15/2018 1:20:00 PM

Client Sample ID: Whidden Creek S Pt G2SD0029

Matrix: AQUEOUS

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

ENTEROCOCCUS

ENTEROLERT

Analyst: TC

Enterococcus	306	4.00		MPN/100mL	2	3/15/2018 4:20:00 PM
--------------	-----	------	--	-----------	---	----------------------

Lab ID: 1803534-003

Collection Date: 3/15/2018 11:00:00 AM

Client Sample ID: Myakka Cutoff G3SD0073

Matrix: AQUEOUS

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

FECAL COLIFORM

A9222D

Analyst: TC

Coliform, Fecal	44.0	2.00		CFU/100ml	2	3/15/2018 4:34:00 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



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

Analytical Report

(continuous)

WO#: 1803534

Date Reported: 3/19/2018

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1803534

Project: DEP Fecals

Lab ID: 1803534-004

Collection Date: 3/15/2018 11:00:00 AM

Client Sample ID: Myakka Cutoff G3SD0073

Matrix: AQUEOUS

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

ENTEROCOCCUS

ENTEROLERT

Analyst: TC

Enterococcus	2420	2.00	J	MPN/100mL	1	3/15/2018 4:20:00 PM
--------------	------	------	---	-----------	---	----------------------

NOTES:

All Quanti Tray wells were positive. Actual value maybe higher than reported.

Qualifiers:	H	Holding times for preparation or analysis exceeded	M	Manual Integration used to determine area response
	ND	Not Detected at the Reporting Limit	PL	Permit Limit
	RL	Reporting Detection Limit	U	Samples with CalcVal < MDL
	W	Sample container temperature is out of limit as specified at testcode		



CHAIN OF CUSTODY RECORD

Project #
(Lab Use Only)

1803534

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

Project Name: SMP. CHARLOTTE Harbor
 Project Location: CHARLOTTE
 Customer Type: 8052 source
 Kit #: _____

Requested Due Date: _____

Sampled By (PRINT) <u>MARYANN DOGAN</u>					Preservatives					Analysis Requested										Sample ID # (Lab Use Only)
Matrix	Sample Description	Date	Time	Type	T	B	S													
S	WHIDDOCK CREEK-S. PT	3/15/18	1320	G		X												1A		
	GZSD0029	/																		
S	WHIDDOCK CREEK-S. PT	3/15/18	1320	G		X												2A		
	GZSD0029	/																		
S	MYAKKA CUTOFF (W. PORTION)	3/15/18	1100	G		X												3A		
	GZSD0073	/																		
S	MYAKKA CUTOFF (W. PORTION)	3/15/18	1100	G		X												4A		
	GZSD0073	/																		

Bottle Lot #	Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time
Client <u>CONFIRMED</u>	<u>CONFIRMED/FTM SOURCE</u>	<u>3/15/18</u>	<u>1545</u>	<u>my</u>	<u>3-15-18</u>	<u>1555</u>
RQ-2018-03-05-53						
Samples Are Ambient Water						
E. Coli by Quanti Tray <u>48</u>						
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