



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

April 04, 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.: 1804030

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 4 sample(s) on 4/2/2018 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



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Definition Only

WO#: 1804030
Date: 4/4/2018

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



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Analytical Report

(continuous)

WO#: 1804030

Date Reported: 4/4/2018

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1804030

Project: DEP Fecals

Lab ID: 1804030-001

Collection Date: 4/2/2018 8:25:00 AM

Client Sample ID: MANUEL BRANCH@ BROADWAY G3SD0078

Matrix: SURFACE WATER

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

A9223B

Analyst: AE

Escherichia Coli	398	2.00		MPN/100mL	2	4/2/2018 4:00:00 PM
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Lab ID: 1804030-002

Collection Date: 4/2/2018 8:50:00 AM

Client Sample ID: WINKLER CANAL @ PRINCETON G3SD0055

Matrix: SURFACE WATER

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

A9223B

Analyst: AE

Escherichia Coli	67.0	1.00		MPN/100mL	1	4/2/2018 4:00:00 PM
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Lab ID: 1804030-003

Collection Date: 4/2/2018 10:35:00 AM

Client Sample ID: OAK CREEK@OAK CRKPRESERVE G1SD0050

Matrix: SURFACE WATER

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

A9223B

Analyst: AE

Escherichia Coli	578	1.00		MPN/100mL	1	4/2/2018 4:00:00 PM
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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
	R	RPD outside accepted recovery limits	RL	Reporting Detection Limit
	U	Samples with CalcVal < MDL	W	Sample container temperature is out of limit as specified at testcode



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Analytical Report

(continuous)

WO#: 1804030

Date Reported: 4/4/2018

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1804030

Project: DEP Fecals

Lab ID: 1804030-004

Collection Date: 4/2/2018 10:40:00 AM

Client Sample ID: OAK CREEK@ OAK CREEK PRESERVE G1SD0050 Matrix: SURFACE WATER

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

A9223B

Analyst: AE

Escherichia Coli	649	1.00		MPN/100mL	1	4/2/2018 4:00:00 PM
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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
	R	RPD outside accepted recovery limits	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)

1804030

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: SFM

Project Location: Lee

Customer Type: FLDEP - SOROC

Kit #: _____

Preservative: HCL = H, HNO₃ = N, Na₂S₂O₃ = ST
H₂SO₄ = S, NaOH = SH, NH₄Cl = NH

Requested Due Date: _____

Sampled By (PRINT) <u>Maryann Dugan</u>		Preservatives		Analysis Requested										Sample ID # (Lab Use Only)
Matrix	Sample Description	Date	Time	Type	H	N	S	ST	S	SH	NH	Other		
F	Manuel Branch @ Broadway	04/02/18	0825	Grab		X								
	G3SD0078													
F	Winkler Canal @ Princeton	04/02/18	0850	Grab		X								
	G3SD0055													
F	Oak Creek @ Oak Ck Preserve	04/02/18	1035	Grab		X								
	G1SD0050													
F	Oak Creek @ Oak Ck Preserve	04/02/18	1040	Grab		X								
	G1SD0050 - DUP													

Bottle Lot #	Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time
RQ-2017-04-02-64 8	Okay to Run As Is... Client Initial: <u>FLDEP - SOROC</u>	04/02/18	1127	<u>MJD</u>	4-2-18	11:27
Samples Are Ambient Water	Samples On Ice <u>Yes</u> No					
E. Coli by Quanti Tray						

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