



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

May 02, 2018

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.: 1804A16

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 2 sample(s) on 4/30/2018 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#: 1804A16
Date: 5/2/2018

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.



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Analytical Report

(continuous)

WO#: 1804A16

Date Reported: 5/2/2018

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1804A16

Project: DEP Fecals

Lab ID: 1804A16-001

Collection Date: 4/30/2018 10:15:00 AM

Client Sample ID: G1SD0056 C-139-SE

Matrix: SURFACE WATER

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

A9223B

Analyst: TC

Escherichia Coli	50.4	1.00		MPN/100mL	1	4/30/2018 2:40:00 PM
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Lab ID: 1804A16-002

Collection Date: 4/30/2018 11:15:00 AM

Client Sample ID: G1SD0049 C-139 ANNEX @ HALF BRIDGE RD.

Matrix: SURFACE WATER

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

A9223B

Analyst: TC

Escherichia Coli	57.3	1.00		MPN/100mL	1	4/30/2018 2:40:00 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)

1804 A16

Client

FDEP

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

Address

2600 Blair Stone Rd.

Bill to:

Carina Tull

Project Name:

Canals: C-139s, Drainage: Corkscrew

Project Location:

Hendry

Customer Type:

FLDEP - SOROC

Phone

850-245-8085

Preservative: HCL = H, HNO₃ = N, Na₂S₂O₃ = ST

Kit #:

Fax

H₂SO₄ = S, NaOH = SH, NH₄Cl = NH

Requested Due Date:

Sampled By (PRINT)

Nicole Reistad

Preservatives

Sampler Signature

Nicole Reistad

Sample

Matrix

Sample Description

Date

Time

Type

T

S

S

E Coli

Sample ID #
(Lab Use Only)

F

GISD0056

04/30/18

1015

Grab

X

X

1A

C-139 - SE

F

GISD0049

04/30/18

1115

Grab

X

X

2A

C-139 Annex @ Half Bridge Rd

Bottle Lot #

Relinquished By/Affiliation

Date

Time

Accepted By/Affiliation

Date

Time

1-30-18 mg

RQ-2017-04-30-75

Okay to Run
As Is...

N. Reistad

04/30/18

1320

N. Reistad

4-30-18

1320

Client containers

Client Initial:

- FLDEP SOROC

Samples Are Ambient
WaterSamples On
Ice

Yes 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