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

September 19, 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.: 1809301

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 1 sample(s) on 9/11/2018 for the analyses presented in the following report.

These results only pertain to the samples as received. These pages may include, but are not limited to: Analytical Data, Chains of Custodies, Subcontracted Data and Case Narratives for samples. Results relate only to the samples in the report.

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

Original

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Definition Only

WO#: **1809301**

Date: **9/19/2018**

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.

Sanders Laboratories
Environmental Testing Services

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Analytical Report

(continuous)

WO#: **1809301**

Date Reported: **9/19/2018**

CLIENT: DEP-Bureau or Labs-Biology Section **Lab Order:** 1809301

Project: DEP Fecals

Lab ID: 1809301-001 **Collection Date:** 9/11/2018 2:00:00 PM

Client Sample ID: G3SD0099 **Matrix:** AQUEOUS

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM MMO-MUG				**A9223B**		Analyst: **JC**
Escherichia Coli	21.8	1.00		MPN/100mL	1	9/11/2018 5:00:00 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

Sanders Laboratories
Environmental Testing Services

CHAIN OF CUSTODY RECORD

Project # (Lab Use Only): 1809301

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

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

Bill to: Carina Tull
P.O. # Lab #039

Project Name: OK BRANCH
Project Location: HENDRY
Customer Type: 0552 FTM SOROC
Kit #: 2018-09-10-68
Requested Due Date:

Preservative: HCL = H, HNO_3 = N, $Na_2S_2O_3$ = ST
H_2SO_4 = S, NaOH = SH, NH_4Cl = NH

Sampled By (PRINT): MARY ANN DOGAN
Sampler Signature: Mary Ann Dogan

Matrix	Sample Description	Sample Date	Sample Time	Sample Type	Preservatives: Ice	Preservatives: S	Analysis Requested: SM9223B E Coli	Sample ID # (Lab Use Only)
FW	G350 0099	9/11/18	1400	G	X		X	-01A

Bottle Lot #			Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time
Client container	RQ-2018-09-10-68	Okay to Run As Is...	COFAN / FTM SOROC	9/11/18	1540	KT	9/11/18	1500
	Samples Are Ambient Water	Client Initial: AL						
	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