



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

July 16, 2019

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.: 1907644

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 4 sample(s) on 7/15/2019 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.

A handwritten signature in blue ink, appearing to read "Katie", written over a light blue rectangular background.

Katie Strothman
Laboratory Director



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Definition Only

WO#: 1907644
Date: 7/16/2019

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#: 1907644

Date Reported: 7/16/2019

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1907644

Project: DEP Fecals

Lab ID: 1907644-001

Collection Date: 7/15/2019 9:45:00 AM

Client Sample ID: G3SD0085 Bee Branch

Matrix: AQUEOUS

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

A9223B

Analyst: TM

Escherichia Coli	162.4	1.00		MPN/100mL	1	7/15/2019 3:28:00 PM
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Lab ID: 1907644-002

Collection Date: 7/15/2019 10:20:00 AM

Client Sample ID: G3SD0098 Pollywog Creek

Matrix: AQUEOUS

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

A9223B

Analyst: TM

Escherichia Coli	157.6	1.00		MPN/100mL	1	7/15/2019 3:28:00 PM
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Lab ID: 1907644-003

Collection Date: 7/15/2019 11:00:00 AM

Client Sample ID: G3SD0099 OK Branch

Matrix: AQUEOUS

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

A9223B

Analyst: TM

Escherichia Coli	261.3	1.00		MPN/100mL	1	7/15/2019 3:28:00 PM
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Qualifiers:

H Holding times for preparation or analysis exceeded
PL Permit Limit
U Samples with CalcVal < MDL

ND Not Detected at the Reporting Limit
RL Reporting Detection Limit
W Sample container temperature is out of limit as specified at testcode



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Analytical Report

(continuous)

WO#: 1907644

Date Reported: 7/16/2019

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1907644

Project: DEP Fecals

Lab ID: 1907644-004

Collection Date: 7/15/2019 11:50:00 AM

Client Sample ID: G3SD0146 Roberts Canal

Matrix: AQUEOUS

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

A9223B

Analyst: TM

Escherichia Coli	18.3	1.00		MPN/100mL	1	7/15/2019 3:28:00 PM
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Qualifiers:	H	Holding times for preparation or analysis exceeded	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)

1907644

Client FDEP

Address 2600 Blair Stone Rd.
Tallahassee, FL 32399

Phone 850-245-8085

Fax _____

Report To: dep-Overflowmicro@dep.state.fl.usBill to: Carina TullP.O. # Lab #039Preservative: HCL = H, HNO₃ = N, Na₂S₂O₃ = STH₂SO₄ = S, NaOH = SH, NH₄Cl = NH

Project Name:

SMP =
LABELLE

Project Location:

GLADES, HENDRY

Customer Type:

FL DEP S ROC

Kit #:

Requested Due Date:

Sampled By (PRINT) GARY SNOREK					Preservatives					Analysis Requested	Sample ID # (Lab Use Only)
Sampler Signature					Sample						
Matrix	Sample Description	Date	Time	Type	H	N	S	ST			
F	G3SD0085 BEE BRANCH	07/15/19	0945	GRAB	X						1A
F	G3SD0098 POLLYWOG CREEK	07/15/19	1020	GRAB	X						2A
F	G3SD0099 OK BRANCH	07/15/19	1100	GRAB	X						3A
F	ND G3SD0146 G3SD0149 ROBERT'S CANAL	07/15/19	1150	GRAB	X						4A
Bottle Lot #	Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time					
client containers RQ-2019-07-15-30	Okay to Run As Is...	Maryann Dugan	07/15/19	1243							
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

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