



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

August 28, 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.: 1908844

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 3 sample(s) on 8/26/2019 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.

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#: 1908844  
Date: 8/28/2019

---

### 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



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#: 1908844

Date Reported: 8/28/2019

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 1908844

Project: DEP Fecals

Lab ID: 1908844-001

Collection Date: 8/26/2019 10:10:00 AM

Client Sample ID: G3SD0087-C19 @ US 27

Matrix:

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

TOTAL COLIFORM MMO-MUG

A9223B

Analyst: TM

|                  |   |      |  |           |   |                      |
|------------------|---|------|--|-----------|---|----------------------|
| Escherichia Coli | 8 | 1.00 |  | MPN/100mL | 1 | 8/26/2019 3:03:00 PM |
|------------------|---|------|--|-----------|---|----------------------|

Lab ID: 1908844-002

Collection Date: 8/26/2019 10:50:00 AM

Client Sample ID: G3SD0102 - Lake Hicpochee

Matrix:

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

TOTAL COLIFORM MMO-MUG

A9223B

Analyst: TM

|                  |   |      |  |           |   |                      |
|------------------|---|------|--|-----------|---|----------------------|
| Escherichia Coli | 4 | 1.00 |  | MPN/100mL | 1 | 8/26/2019 3:03:00 PM |
|------------------|---|------|--|-----------|---|----------------------|

Lab ID: 1908844-003

Collection Date: 8/26/2019 11:25:00 AM

Client Sample ID: G3SD0088 - Nine Mile Canal

Matrix:

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

TOTAL COLIFORM MMO-MUG

A9223B

Analyst: TM

|                  |       |      |  |           |   |                      |
|------------------|-------|------|--|-----------|---|----------------------|
| Escherichia Coli | 344.8 | 1.00 |  | MPN/100mL | 1 | 8/26/2019 3:03:00 PM |
|------------------|-------|------|--|-----------|---|----------------------|

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

## CHAIN OF CUSTODY RECORD

Project #  
(Lab Use Only)

1968 844

Client FDEP SRDC

Address 2295 Victoria Ave  
Fort Myers FL 33901

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Report To: \_\_\_\_\_  
Bill to: \_\_\_\_\_  
P.O. # \_\_\_\_\_

Preservative: HCL = H, HNO<sub>3</sub> = N, Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> = ST

$$\text{H}_2\text{SO}_4 = \text{S}, \text{NaOH} = \text{SH}, \text{NH}_4\text{Cl} = \text{NH}$$

Project Name:

Project Location: \_\_\_\_\_

Customer Type:

Kit #: RQ-2019-08-19-20

Requested Due Date:

[illegible]