



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

March 13, 2020

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:

Anthony Mirabito

RE: DEP Fecals

Order No.: 2003165

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 4 sample(s) on 3/4/2020 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", with a stylized flourish extending from the end.

Katie Strothman
Laboratory Director



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Definition Only

WO#: 2003165
Date: 3/13/2020

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#: 2003165

Date Reported: 3/13/2020

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 2003165

Project: DEP Fecals

Lab ID: 2003165-001

Collection Date: 3/4/2020 9:25:00 AM

Client Sample ID: G45SD0173 - Harmey

Matrix: SURFACE WATER

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

A9223B

Analyst: TM

Escherichia Coli	30.1	1.00		MPN/100mL	1	3/4/2020 3:20:00 PM
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Lab ID: 2003165-002

Collection Date: 3/4/2020 9:50:00 AM

Client Sample ID: G45SD0174 - Indian

Matrix: SURFACE WATER

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

A9223B

Analyst: TM

Escherichia Coli	48.0	1.00		MPN/100mL	1	3/4/2020 3:20:00 PM
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Lab ID: 2003165-003

Collection Date: 3/4/2020 10:20:00 AM

Client Sample ID: G45SD0175 - C-4/A

Matrix: SURFACE WATER

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

A9223B

Analyst: TM

Escherichia Coli	2.0	2.00		MPN/100mL	2	3/4/2020 3:20:00 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#: 2003165

Date Reported: 3/13/2020

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 2003165

Project: DEP Fecals

Lab ID: 2003165-004

Collection Date: 3/4/2020 11:10:00 AM

Client Sample ID: G45SD0190 - L-49

Matrix: SURFACE WATER

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

A9223B

Analyst: TM

Escherichia Coli	8.5	1.00		MPN/100mL	1	3/4/2020 3:20:00 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



CHAIN OF CUSTODY RECORD
1050 Endeavor Ct.
Nokomis, FL 34275

Project #
 (Lab Use Only)

2003 165

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

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

Bill to: Carina Tull
 P.O. # B1697B

Project Name: _____
 Project Location: _____
 Customer Type: _____
 Kit #: _____

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

Requested Due Date: _____

H₂SO₄ = S, NaOH = SH, NH₄Cl = NH

Sampled By (PRINT)					Preservatives					Analysis Requested										Sample ID # (Lab Use Only)
Sampler Signature					Sample															
Matrix	Sample Description			Date	Time	Type	T	O	S											
F	G4SD0173-Flammy			3/4/20	0925	Grab		X							X					1A
F	G4SD0174-Indian			3/4/20	0950	Grab		X						X						2A
F	G4SD0175-C-4/A			3/4/20	1020	Grab		X						X						3A
F	G4SD0190-L-49			3/4/20	1110	Grab		X						X						4A
Bottle Lot #				Relinquished By/Affiliation					Date	Time	Accepted By/Affiliation					Date	Time			
Client	RQ-2017-03-02-68			Okay to Run As Is...					3/4/20		4/12					3/4/20	1300			
Cont.	2020			Client Initial:																
	Samples Are Ambient Water			ME																
	E. Coli by Quanti Tray			Samples On Ice																
	4.5			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