



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

October 22, 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:

RE: DEP Fecals

Order No.: 2010871

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 3 sample(s) on 10/20/2020 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.

Katie Strothman  
Laboratory Director



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## Definition Only

WO#: 2010871  
Date: 10/22/2020

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### 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. Also if the RPD on a field duplicate exceeds allowable control limit.

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#: 2010871

Date Reported: 10/22/2020

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 2010871

Project: DEP Fecals

Lab ID: 2010871-001

Collection Date: 10/20/2020 11:10:00 AM

Client Sample ID: G5SD0026

Matrix: MARINE WATER

| Analyses        | Result | MDL  | Qual | Units      | DF | Date Analyzed         |
|-----------------|--------|------|------|------------|----|-----------------------|
| ENTEROCOCCUS    |        |      |      | ENTEROLERT |    | Analyst: TM           |
| Enterococcus    | 10.0   | 10.0 |      | MPN/100mL  | 10 | 10/20/2020 3:07:00 PM |
| FECAL COLIFORM  |        |      |      | A9222D     |    | Analyst: TM           |
| Coliform, Fecal | ND     | 2.00 | U    | CFU/100ml  | 2  | 10/20/2020 3:34:00 PM |

Lab ID: 2010871-002

Collection Date: 10/20/2020 12:05:00 PM

Client Sample ID: G5SD0093

Matrix: MARINE WATER

| Analyses        | Result | MDL  | Qual | Units      | DF | Date Analyzed         |
|-----------------|--------|------|------|------------|----|-----------------------|
| ENTEROCOCCUS    |        |      |      | ENTEROLERT |    | Analyst: TM           |
| Enterococcus    | ND     | 10.0 | U    | MPN/100mL  | 10 | 10/20/2020 3:07:00 PM |
| FECAL COLIFORM  |        |      |      | A9222D     |    | Analyst: TM           |
| Coliform, Fecal | 10.0   | 10.0 | B    | CFU/100ml  | 10 | 10/20/2020 3:34:00 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



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## Analytical Report

(continuous)

WO#: 2010871

Date Reported: 10/22/2020

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 2010871

Project: DEP Fecals

Lab ID: 2010871-003

Collection Date: 10/20/2020 12:25:00 PM

Client Sample ID: G5SD0092

Matrix: MARINE WATER

| Analyses        | Result | MDL  | Qual | Units     | DF | Date Analyzed         |
|-----------------|--------|------|------|-----------|----|-----------------------|
| ENTEROCOCCUS    |        |      |      |           |    | Analyst: TM           |
| ENTEROLERT      |        |      |      |           |    |                       |
| Enterococcus    | ND     | 10.0 | U    | MPN/100mL | 10 | 10/20/2020 3:07:00 PM |
| FECAL COLIFORM  |        |      |      |           |    | Analyst: TM           |
| A9222D          |        |      |      |           |    |                       |
| Coliform, Fecal | 6.00   | 2.00 | B    | CFU/100ml | 2  | 10/20/2020 3:34:00 PM |

|             |    |                                                    |    |                                                                       |
|-------------|----|----------------------------------------------------|----|-----------------------------------------------------------------------|
| 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)

2010 871

Client Florida Dept. of Environmental Protection

Address 2600 Blainstone Rd. Tallahassee, FL 32399

Phone 850-245-8085

Fax

Report To: DEP-OverflowMicro@dep.state.fl.us

Bill to: Carina Tull

P.O. # LAB #039

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 #:

Requested Due Date:

| Fax                               |                                                              |  |  |  |  | $H_2SO_4 = S, NaOH = SH, NH_4Cl = NH$ |      |      |    |     |          |      |                         | Analysis Requested |                 |  |  |          |      |  |  |  |  | Sample ID #<br>(Lab Use Only) |  |  |  |  |  |      |
|-----------------------------------|--------------------------------------------------------------|--|--|--|--|---------------------------------------|------|------|----|-----|----------|------|-------------------------|--------------------|-----------------|--|--|----------|------|--|--|--|--|-------------------------------|--|--|--|--|--|------|
| Sampled By (PRINT) Nicole Reistad |                                                              |  |  |  |  | Preservatives                         |      |      |    |     |          |      | E. coli                 | Enterococci        | Fecal Coliforms |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
| Sampler Signature [Signature]     |                                                              |  |  |  |  | Sample                                |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
| Matrix                            | Sample Description                                           |  |  |  |  | Date                                  | Time | Type | pH | Ice | S        |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
| Marine                            | G5SD0026                                                     |  |  |  |  | 10/20/20                              | 1110 | Grab |    | X   |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  | 1A1B |
| Marine                            | G5SD0093                                                     |  |  |  |  | 10/20/20                              | 1205 | Grab |    | X   |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  | 2A1B |
| Marine                            | G5SD0092                                                     |  |  |  |  | 10/20/20                              | 1225 | Grab |    | X   |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  | 3A1B |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
| Bottle Lot #                      |                                                              |  |  |  |  | Relinquished By/Affiliation           |      |      |    |     | Date     | Time | Accepted By/Affiliation |                    |                 |  |  | Date     | Time |  |  |  |  |                               |  |  |  |  |  |      |
| Client                            | Samples are ambient water<br><br>RQ-2020-10-19-20<br><br>4.1 |  |  |  |  | [Signature]<br>IDEP-SOROC             |      |      |    |     | 10/20/20 | 1448 | [Signature]             |                    |                 |  |  | 10/20/20 | 1448 |  |  |  |  |                               |  |  |  |  |  |      |
| Cont.                             |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  |                                       |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  | Samples On Ice                        |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |
|                                   |                                                              |  |  |  |  | (Yes No)                              |      |      |    |     |          |      |                         |                    |                 |  |  |          |      |  |  |  |  |                               |  |  |  |  |  |      |

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