



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

March 22, 2021

Arielle Taylor-Manges
DEP-Bureau of Labs-Biology Section
Twin Towers Lab Complex A RM 216 6515
Tallahassee, FL 32399
TEL: (850) 245-8191
FAX:

RE: DEP Fecals

Order No.: 2103564

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 5 sample(s) on 3/15/2021 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#: 2103564
Date: 3/22/2021

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#: 2103564

Date Reported: 3/22/2021

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 2103564

Project: DEP Fecals

Lab ID: 2103564-001

Collection Date: 3/15/2021 10:25:00 AM

Client Sample ID: G1SD0112

Matrix: MARINE WATER

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
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ENTEROCOCCUS

ENTEROLERT

Analyst: CM

Enterococcus	153	10.0		MPN/100mL	10	3/15/2021 4:00:00 PM
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FECAL COLIFORM

A9222D

Analyst: CM

Coliform, Fecal	2	2	B	CFU/100ml	1	3/15/2021 4:20:00 PM
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Lab ID: 2103564-002

Collection Date: 3/15/2021 11:40:00 AM

Client Sample ID: G1SD0067

Matrix: MARINE WATER

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
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ENTEROCOCCUS

ENTEROLERT

Analyst: CM

Enterococcus	ND	10.0	U	MPN/100mL	10	3/15/2021 4:00:00 PM
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FECAL COLIFORM

A9222D

Analyst: CM

Coliform, Fecal	ND	2	U	CFU/100ml	1	3/15/2021 4:20:00 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#: 2103564

Date Reported: 3/22/2021

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 2103564

Project: DEP Fecals

Lab ID: 2103564-003

Collection Date: 3/15/2021 12:55:00 PM

Client Sample ID: G1SD0110

Matrix: SURFACE WATER

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
ENTEROCOCCUS		ENTEROLERT			Analyst: CM	
Enterococcus	57.3	1.00		MPN/100mL	1	3/15/2021 4:00:00 PM
FECAL COLIFORM		A9222D			Analyst: CM	
Coliform, Fecal	2	2	U	CFU/100ml	1	3/15/2021 4:20:00 PM
TOTAL COLIFORM MMO-MUG		A9223B			Analyst: CM	
Escherichia Coli	19.3	1.00		MPN/100mL	1	3/15/2021 5:05:00 PM

Lab ID: 2103564-004

Collection Date: 3/15/2021 1:10:00 PM

Client Sample ID: G1SD0111

Matrix: SURFACE WATER

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
ENTEROCOCCUS		ENTEROLERT			Analyst: CM	
Enterococcus	291	1.00		MPN/100mL	1	3/15/2021 4:00:00 PM
FECAL COLIFORM		A9222D			Analyst: CM	
Coliform, Fecal	2	2	B	CFU/100ml	1	3/15/2021 4:20:00 PM
TOTAL COLIFORM MMO-MUG		A9223B			Analyst: CM	
Escherichia Coli	34.5	1.00		MPN/100mL	1	3/15/2021 5:05:00 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

Revision v.1

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Analytical Report

(continuous)

WO#: 2103564

Date Reported: 3/22/2021

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 2103564

Project: DEP Fecals

Lab ID: 2103564-005

Collection Date: 3/15/2021 2:00:00 PM

Client Sample ID: G1SD0119

Matrix: SURFACE WATER

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

A9223B

Analyst: **CM**

Escherichia Coli	39.5	1.00		MPN/100mL	1	3/15/2021 5:05:00 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

Project #
(Lab Use Only)

2103 564

Client Florida Department of Environmental Protection
Address 2600 Blairstone Rd
Tallahassee, FL 32399
Phone 239-344-5719 Pre
Fax

Report To: DEP-OverFlowMicro@dep.state
Bill to: Carina Tull #1.gov
P.O. # Lab # B76903

Project Name: SMP: Collier Coco
Project Location: Collier
Customer Type: _____
Kit #: _____
Requested Due Date: _____

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

Analysis Requested											Sample ID # (Lab Use Only)	
E. coli	Enter.	Fecal Coliform										1 A/B
	X	X										2 A/C
X	X	X										3 A *
X	X	X										4 A/E
X												5 A
Accepted By/Affiliation											Date	Time
TMA											3/15/21	1453

Sampled By (PRINT) <i>Nicole Riestad</i>	
Sampler Signature <i>Nicole Riestad</i>	
Matrix	Sample Description

Matrix	Sample Description
Salt	GISD0112
Salt	GISD0067
Fresh	GISD0110
Fresh	GISD0111
Fresh	GISD0119

			Preservatives					
Sample			$\frac{H}{a}$	$\frac{b}{c}$				
Date	Time	Type						
03/15/21	1025	Grab		X				
03/15/21	1140	Grab		X				
03/15/21	1255	Grab		X				
03/15/21	1310	Grab		X				
03/15/21	1400	Grab		X				

Bottle Lot #		Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time
Client cont	Samples are ambient water	Okay to Run As Is...	03/15/21	1453	TMA	3/15/21	1453
		Client Initial:					
	RQ-2021-03-15-54						
		Samples On Ice					
	6.4	Yes No					