



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

June 18, 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.: 2106052

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 3 sample(s) on 6/1/2021 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#: 2106052  
Date: 6/18/2021

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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#: 2106052

Date Reported: 6/18/2021

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 2106052

Project: DEP Fecals

Lab ID: 2106052-001

Collection Date: 6/1/2021 9:20:00 AM

Client Sample ID: G2SD0047

Matrix: MARINE WATER

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

### ENTEROCOCCUS

### ENTEROLERT

Analyst: JVS

|              |      |      |   |           |   |                     |
|--------------|------|------|---|-----------|---|---------------------|
| Enterococcus | 22.4 | 2.00 | J | MPN/100mL | 2 | 6/1/2021 2:33:00 PM |
|--------------|------|------|---|-----------|---|---------------------|

#### NOTES:

Improper dilution performed.



### FECAL COLIFORM

### A9222D

Analyst: JVS

|                 |    |      |   |           |    |                     |
|-----------------|----|------|---|-----------|----|---------------------|
| Coliform, Fecal | ND | 10.0 | U | CFU/100ml | 10 | 6/1/2021 3:25:00 PM |
|-----------------|----|------|---|-----------|----|---------------------|

Lab ID: 2106052-002

Collection Date: 6/1/2021 11:15:00 AM

Client Sample ID: G1SD0104

Matrix: MARINE WATER

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

### ENTEROCOCCUS

### ENTEROLERT

Analyst: JVS

|              |       |      |   |           |   |                     |
|--------------|-------|------|---|-----------|---|---------------------|
| Enterococcus | 2,420 | 1.00 | J | MPN/100mL | 1 | 6/1/2021 2:33:00 PM |
|--------------|-------|------|---|-----------|---|---------------------|

#### NOTES:

All Quanti-Tray wells were positive. Result may be higher than reported. Improper dilution performed.

**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#: 2106052

Date Reported: 6/18/2021

**CLIENT:** DEP-Bureau or Labs-Biology Section

**Lab Order:** 2106052

**Project:** DEP Fecals

**Lab ID:** 2106052-003

**Collection Date:** 6/1/2021 12:15:00 PM

**Client Sample ID:** G1SD0057

**Matrix:** MARINE WATER

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

### ENTEROCOCCUS

### ENTEROLERT

Analyst: JVS

|              |       |      |   |           |   |                     |
|--------------|-------|------|---|-----------|---|---------------------|
| Enterococcus | 2,420 | 1.00 | J | MPN/100mL | 1 | 6/1/2021 2:33:00 PM |
|--------------|-------|------|---|-----------|---|---------------------|

#### NOTES:

All Quanti-Tray wells were positive. Result may be higher than reported. Improper dilution performed.

|                    |    |                                                    |    |                                                                       |
|--------------------|----|----------------------------------------------------|----|-----------------------------------------------------------------------|
| <b>Qualifiers:</b> | 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 v1

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## CHAIN OF CUSTODY RECORD

Project #  
(Lab Use Only)

2106052

Client Florida Dept. of Environmental Protection

Address 2600 Blairstone Rd. Tallahassee, FL 32399

Phone 239-344-5719

Fax

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

Bill to: Carina Tull

P.O. # LAB #B76803

Preservative: HCL = H, HNO<sub>3</sub> = N, Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> = STH<sub>2</sub>SO<sub>4</sub> = S, NaOH = SH, NH<sub>4</sub>Cl = NH

Project Name:

SMP Lee Coast of

Project Location:

Lee

Customer Type:

FDEP - South ROC

Kit #:

Requested Due Date:

Sampled By (PRINT) Nicole Reistad

Sampler Signature *Nicole Reistad*

Sample

Preservatives

| Matrix | Sample Description | Date     | Time | Type | T | ice | S | E. coli | Enterococci | Fecal Coliforms | Analysis Requested | Sample ID # (Lab Use Only) |
|--------|--------------------|----------|------|------|---|-----|---|---------|-------------|-----------------|--------------------|----------------------------|
| Marine | G2SD0047           | 06/01/21 | 0920 | Grab |   | X   |   |         | X           | X               |                    | 1A/B                       |
| Marine | G1SD0104           | 06/01/21 | 1115 | Grab |   | X   |   |         | X           |                 |                    | 2A                         |
| Marine | G1SD0057           | 06/01/21 | 1215 | Grab |   | X   |   |         | X           |                 |                    | 3A                         |
|        |                    |          |      |      |   |     |   |         |             |                 |                    |                            |
|        |                    |          |      |      |   |     |   |         |             |                 |                    |                            |
|        |                    |          |      |      |   |     |   |         |             |                 |                    |                            |
|        |                    |          |      |      |   |     |   |         |             |                 |                    |                            |
|        |                    |          |      |      |   |     |   |         |             |                 |                    |                            |
|        |                    |          |      |      |   |     |   |         |             |                 |                    |                            |
|        |                    |          |      |      |   |     |   |         |             |                 |                    |                            |
|        |                    |          |      |      |   |     |   |         |             |                 |                    |                            |

| Relinquished By/Affiliation           | Date     | Time | Accepted By/Affiliation | Date   | Time |
|---------------------------------------|----------|------|-------------------------|--------|------|
| <i>Nicole Reistad</i><br>FDEP - SOROC | 06/01/21 | 1331 | <i>IMA</i>              | 6/1/21 | 1331 |
| Client Initial:                       |          |      |                         |        |      |
| Okay to Run As Is                     |          |      |                         |        |      |
| Samples On Ice                        |          |      |                         |        |      |
| Yes No                                |          |      |                         |        |      |

1050 Endeavor Ct, Nokomis, FL 34275-3623 (941) 488-8103 fax(941) 484-6774

10090 Bavaria Rd., Fort Myers, FL 33913 (239) 590-0337 fax (239) 590-0536  
Form #: RCF -02 Approved by: KS 7/11/2016