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

February 24, 2023

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.: 2302549

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 4 sample(s) on 2/20/2023 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.
SL 001= Nokomis Certificate # E84380 1050 Endeavor Court Nokomis Fl 34275. SL002= Fort Myers Certificate # E85457 10090 Bavaria Road Fort Myers Fl 33913

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

Original

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Definition Only

WO#: **2302549**
Date: **2/24/2023**

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. Lab QC not in range.

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.

Sanders Laboratories
Environmental Testing Services

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Analytical Report

(continuous)

WO#: **2302549**

Date Reported: **2/24/2023**

CLIENT: DEP-Bureau or Labs-Biology Section **Lab Order:** 2302549
Project: DEP Fecals

Lab ID: 2302549-001 **Collection Date:** 2/20/2023 9:45:00 AM
Client Sample ID: G3SD0224 **Matrix:** SURFACE WATER

Analyses	Result	MDL	PQL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM MMO-MUG							Analyst: **HN** Labcode **SL002**
Escherichia Coli	150	1.00	1.00		MPN/100mL	1	02/20/2023 14:30

Lab ID: 2302549-002 **Collection Date:** 2/20/2023 10:20:00 AM
Client Sample ID: G3SD0226 **Matrix:** SURFACE WATER

Analyses	Result	MDL	PQL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM MMO-MUG							Analyst: **HN** Labcode **SL002**
Escherichia Coli	119	1.00	1.00		MPN/100mL	1	02/20/2023 14:30

Lab ID: 2302549-003 **Collection Date:** 2/20/2023 10:50:00 AM
Client Sample ID: G3SD0176 **Matrix:** SURFACE WATER

Analyses	Result	MDL	PQL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM MMO-MUG							Analyst: **HN** Labcode **SL002**
Escherichia Coli	272	1.00	1.00		MPN/100mL	1	02/20/2023 14:30

Lab ID: 2302549-004 **Collection Date:** 2/20/2023 11:40:00 AM
Client Sample ID: G3SD0177 **Matrix:** SURFACE WATER

Analyses	Result	MDL	PQL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM MMO-MUG							Analyst: **HN** Labcode **SL002**
Escherichia Coli	387	1.00	1.00		MPN/100mL	1	02/20/2023 14:30

Qualifiers:				
	C	Value is below Minimum Compound Limit.	E	Value above quantitation range
	H	Holding times for preparation or analysis exceeded	ND	Not Detected at the Reporting Limit
	O	RSD is greater than RSDlimit	PL	Permit Limit
	PRE	Percent RE exceeds the Limit	Q	Calculated Lab Limit greater than Client Requested limit
	R	RPD outside accepted recovery limits	RL	Reporting Detection Limit

Original

Sanders Laboratories
Environmental Testing Services

CHAIN OF CUSTODY RECORD

Project # (Lab Use Only): 2302549

Project Name: SMP

Project Location: Labelle

Customer Type: FDEP - South ROC

Kit #: -Quanti-

Requested Due Date:

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 #C0136A

Preservative: HCL = H, HNO_3= N, $Na_2S_2O_3$ = ST, H_2SO_4 = S, NaOH = SH, NH_4Cl = NH

Sampled By (PRINT): Monica Seeger

Sampler Signature:

Matrix	Sample Description	Sample Date	Sample Time	Sample Type	Preservatives pH	Preservatives Ice	Preservatives S	Analysis Requested E. coli (Quantitray)	Enterococci	Fecal Coliform	Sample ID # (Lab Use Only)
E	G35D0224	02/20/23	0945	grab		X		X			1A
F	G35D0226	02/20/23	1020	grab		X		X			2A
F	G35D0176	02/20/23	1050	grab		X		X			3A
F	G35D0177	02/20/23	1140	grab		X		X			4A

Bottle Lot #			Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time
	Samples are ambient water	Okay to Run As Is...	William Muller / FDEP	02/20/23	1240		2/20	1240
		Client Initial:						
	RQ-~~2022~~ 2023-02-13-21							
		Samples On Ice						
	2.4	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