



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

March 30, 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.: 2303759

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 4 sample(s) on 3/27/2023 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.

A handwritten signature in blue ink, appearing to read "Katie", on a light blue background.

Katie Strothman
Laboratory Director



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

Definition Only

WO#: 2303759
Date: 3/30/2023

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.

S: Final DO reading is less than 1 mg/l and the difference between initial and final DO is not at least 2 mg/l or if seed dilutions have wide variance per mL seed (30%).

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.



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

Analytical Report

(continuous)

WO#: 2303759

Date Reported: 3/30/2023

CLIENT: DEP-Bureau or Labs-Biology Section
Project: DEP Fecals

Lab Order: 2303759

Lab ID: 2303759-001

Collection Date: 3/27/2023 11:00:00 AM

Client Sample ID: G4SD0214

Matrix: SURFACE WATER

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

TOTAL COLIFORM MMO-MUG

SM9223B

Analyst: HN
Labcode SL002

Escherichia Coli	185	1.00	1.00		MPN/100mL	1	03/27/2023 16:00
------------------	-----	------	------	--	-----------	---	------------------

Lab ID: 2303759-002

Collection Date: 3/27/2023 11:30:00 AM

Client Sample ID: G4SD0105

Matrix: SURFACE WATER

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

TOTAL COLIFORM MMO-MUG

SM9223B

Analyst: HN
Labcode SL002

Escherichia Coli	81.6	1.00	1.00		MPN/100mL	1	03/27/2023 16:00
------------------	------	------	------	--	-----------	---	------------------

Lab ID: 2303759-003

Collection Date: 3/27/2023 12:10:00 PM

Client Sample ID: G4SD0111

Matrix: SURFACE WATER

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

TOTAL COLIFORM MMO-MUG

SM9223B

Analyst: HN
Labcode SL002

Escherichia Coli	261	1.00	1.00		MPN/100mL	1	03/27/2023 16:00
------------------	-----	------	------	--	-----------	---	------------------

Lab ID: 2303759-004

Collection Date: 3/27/2023 12:45:00 PM

Client Sample ID: G4SD0215

Matrix: SURFACE WATER

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

TOTAL COLIFORM MMO-MUG

SM9223B

Analyst: HN
Labcode SL002

Escherichia Coli	138	1.00	1.00		MPN/100mL	1	03/27/2023 16:00
------------------	-----	------	------	--	-----------	---	------------------

Qualifiers:

C	Value is below Minimum Compound Limit.
H	Holding times for preparation or analysis exceeded
O	RSD is greater than RSDlimit
PRE	Percent RE exceeds the Limit
R	RPD outside accepted recovery limits

E	Value above quantitation range
ND	Not Detected at the Reporting Limit
PL	Permit Limit
Q	Calculated Lab Limit greater than Client Requested Limit
RL	Reporting Detection Limit

Original
Page 3 of 3

CHAIN OF CUSTODY RECORD

Project #
(Lab Use Only)

0303759

Project Name: SWP

Project Name: SMP

Project Location: Glades Sloughs

Customer Type: FDEP - South ROC

Kit #:

Requested Due Date:

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

Bill to: Carina Tull

P.O. # LAB #~~B9633B~~ C6136A

Preservative: $\text{HCl} = \text{H}$, $\text{HNO}_3 = \text{N}$, $\text{Na}_2\text{S}_2\text{O}_3 = \text{ST}$
$$\text{H}_2\text{SO}_4 \rightleftharpoons \text{S}, \text{NaOH} = \text{SH}, \text{NH}_4\text{Cl} = \text{NH}$$

Phone 239-344-5718

Fax

Sampled By (PRINT)

William Miller

Sampler Signature

[illegible]

33913 (239) 590-0337 fax (239) 590-0536
Form #: RCF -02 Approved by: KS 7/11/2016

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