



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

May 17, 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.: 2305438

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 2 sample(s) on 5/15/2023 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



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## Definition Only

WO#: 2305438  
Date: 5/17/2023

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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. 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.



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## Analytical Report

(continuous)

WO#: 2305438

Date Reported: 5/17/2023

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

**Lab Order:** 2305438

**Lab ID:** 2305438-001

**Collection Date:** 5/15/2023 12:05:00 PM

**Client Sample ID:** G3SD0136

**Matrix:** SURFACE WATER

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

### TOTAL COLIFORM MMO-MUG

SM9223B

Analyst: DH  
Labcode SL002

|                  |      |      |      |  |           |   |                  |
|------------------|------|------|------|--|-----------|---|------------------|
| Escherichia Coli | 65.7 | 1.00 | 1.00 |  | MPN/100mL | 1 | 05/15/2023 15:00 |
|------------------|------|------|------|--|-----------|---|------------------|

**Lab ID:** 2305438-002

**Collection Date:** 5/15/2023 10:45:00 AM

**Client Sample ID:** G2SD0015

**Matrix:** MARINE WATER

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

### ENTEROCOCCUS

ENTEROLERT

Analyst: DH  
Labcode SL002

|              |      |      |      |  |           |    |                  |
|--------------|------|------|------|--|-----------|----|------------------|
| Enterococcus | 74.0 | 10.0 | 10.0 |  | MPN/100mL | 10 | 05/15/2023 14:30 |
|--------------|------|------|------|--|-----------|----|------------------|

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