



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

June 16, 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.: 2306389

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 4 sample(s) on 6/14/2023 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



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Definition Only

WO#: 2306389
Date: 6/16/2023

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.



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Analytical Report

(continuous)

WO#: 2306389

Date Reported: 6/16/2023

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

Lab Order: 2306389

Lab ID: 2306389-001

Collection Date: 6/14/2023 8:30:00 AM

Client Sample ID: G3SD0177

Matrix: SURFACE WATER

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

SM9223B

Analyst: DH
Labcode SL002

Escherichia Coli	24.9	1.00	1.00		MPN/100mL	1	06/14/2023 14:15
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Lab ID: 2306389-002

Collection Date: 6/14/2023 9:10:00 AM

Client Sample ID: G3SD0224

Matrix: SURFACE WATER

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

SM9223B

Analyst: DH
Labcode SL002

Escherichia Coli	579	1.00	1.00		MPN/100mL	1	06/14/2023 14:15
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Lab ID: 2306389-003

Collection Date: 6/14/2023 9:55:00 AM

Client Sample ID: G3SD0176

Matrix: SURFACE WATER

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

SM9223B

Analyst: DH
Labcode SL002

Escherichia Coli	210	1.00	1.00		MPN/100mL	1	06/14/2023 14:15
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Lab ID: 2306389-004

Collection Date: 6/14/2023 10:35:00 AM

Client Sample ID: G3SD0226

Matrix: SURFACE WATER

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

SM9223B

Analyst: DH
Labcode SL002

Escherichia Coli	166	1.00	1.00		MPN/100mL	1	06/14/2023 14:15
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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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CHAIN OF CUSTODY RECORD

Project #
(Lab Use Only)

2306 389

Client Florida Dept. of Environmental Protection

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

Project Name: SMF

Address 2600 Blairstone Rd. Tallahassee, FL 32399

Bill to: Carina Tull

Project Location: Labelle-Cha-ella

Customer Type: FDEP - South ROC

P.O. # LAB #C0136A

Kit #:

Phone 239-344-5719

Preservative: HCL = H, HNO₃ = N, Na₂S₂O₃ = ST

Requested Due Date:

Fax

H₂SO₄ = S, NaOH = SH, NH₄Cl = NH

Sampled By (PRINT) <u>Monica Jaeger</u>					Preservatives					Analysis Requested										Sample ID # (Lab Use Only)	
Sampler Signature <u>[Signature]</u>					Sample																
Matrix	Sample Description	Date	Time	Type	H	N	S														
F	G3SD0177	6/14/23	830	Grab		X															1A
F	G3SD0224	6/14/23	910	Grab		X															2A
F	G3SD0176	6/14/23	955	Grab		X															3A
F	G3SD0224	6/14/23	1035	Grab		X															4A
Bottle Lot #		Relinquished By/Affiliation			Date	Time	Accepted By/Affiliation			Date	Time										
<u>Client Cont</u>	Samples are ambient water	<u>Monica Jaeger</u>			<u>6/14/23</u>	<u>1155</u>	<u>TMA</u>			<u>6/14/23</u>	<u>11:55</u>										
	OK - 2023-06-12-23	Client Initial: <u>[Signature]</u>																			
	RQ-2022	Samples On Ice																			
	<u>4.9</u>	Yes No																			

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

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