



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

November 20, 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.: 2311532

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 4 sample(s) on 11/16/2023 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", with a stylized flourish at the end.

Katie Strothman
Laboratory Director



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Definition Only

WO#: 2311532
Date: 11/20/2023

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: MF: Too many colonies were present for accurate counting. MPN: All wells were positive. Results maybe higher than reported.



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Analytical Report

(continuous)

WO#: 2311532

Date Reported: 11/20/2023

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

Lab Order: 2311532

Lab ID: 2311532-001

Collection Date: 11/16/2023 1:00:00 PM

Client Sample ID: G1SD0126

Matrix: MARINE WATER

Analyses	Result	MDL	PQL	Qual	Units	DF	Date Analyzed
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ENTEROCOCCUS

ENTEROLERT

Analyst: DH
Labcode SL002

Enterococcus	161	10.0	10.0		MPN/100mL	10	11/16/2023 16:39
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FECAL COLIFORM

SM9222D

Analyst: DH
Labcode SL002

Coliform, Fecal	370	10.0	10.0		CFU/100ml	10	11/16/2023 16:56
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Lab ID: 2311532-002

Collection Date: 11/16/2023 1:30:00 PM

Client Sample ID: G1SD0130

Matrix: SURFACE WATER

Analyses	Result	MDL	PQL	Qual	Units	DF	Date Analyzed
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ENTEROCOCCUS

ENTEROLERT

Analyst: DH
Labcode SL002

Enterococcus	40.5	1.00	1.00		MPN/100mL	1	11/16/2023 16:39
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FECAL COLIFORM

SM9222D

Analyst: DH
Labcode SL002

Coliform, Fecal	82.0	2.00	2.00		CFU/100ml	2	11/16/2023 16:56
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Lab ID: 2311532-003

Collection Date: 11/16/2023 2:45:00 PM

Client Sample ID: G1SD0111

Matrix: MARINE WATER

Analyses	Result	MDL	PQL	Qual	Units	DF	Date Analyzed
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ENTEROCOCCUS

ENTEROLERT

Analyst: DH
Labcode SL002

Enterococcus	6,870	10.0	10.0		MPN/100mL	10	11/16/2023 16:39
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FECAL COLIFORM

SM9222D

Analyst: DH
Labcode SL002

Coliform, Fecal	80.0	2.00	2.00	B	CFU/100ml	1	11/16/2023 16:56
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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#: 2311532

Date Reported: 11/20/2023

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

Lab Order: 2311532

Lab ID: 2311532-004

Collection Date: 11/16/2023 2:25:00 PM

Client Sample ID: G1SD0112

Matrix: MARINE WATER

Analyses	Result	MDL	PQL	Qual	Units	DF	Date Analyzed
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ENTEROCOCCUS

ENTEROLERT

Analyst: DH
Labcode **SL002**

Enterococcus	5,170	10.0	10.0		MPN/100mL	10	11/16/2023 16:39
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FECAL COLIFORM

SM9222D

Analyst: DH
Labcode **SL002**

Coliform, Fecal	20,000	100	100	Z	CFU/100ml	100	11/16/2023 16:56
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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



CHAIN OF CUSTODY RECORD

Project #
(Lab Use Only)

2311532

Client Florida Dept. of Environmental Protection

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

Project Name: SMP

Address 2600 Blairstone Rd. Tallahassee, FL 32399

Bill to: Carina Tull

Project Location: Se Co Oh No

Customer Type: FDEP - South ROC

Phone 239-344-5718

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

Kit #:

Fax

H₂SO₄ = S, NaOH = SH, NH₄Cl = NH

Requested Due Date:

Sampled By (PRINT) <u>Monica Jaeger</u>					Preservatives					Analysis Requested										Sample ID # (Lab Use Only)
Sampler Signature <u>[Signature]</u>					Sample					E. coli (Quantitay)	Enterococci	Fecal Coliform								
Matrix	Sample Description	Date	Time	Type	H	N	S													
Marine	G1SD0126	11/16/23	1300	Grab			X						XX						1A/B	
Fresh	G1SD0130	11/16/23	1330	Grab			X						XX						2A/B	
Marine	G1SD0111 *	11/16/23	1445	Grab			X						XX						3A/B	
Marine	G1SD0112	11/16/23	1425	Grab			X						XX						4A/B	
* cracked lid.																				
Fraction "A"																				
Bottle Lot #	Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time														
Client/Cont	Okay to Run As Is...	<u>[Signature]</u>	11/16/23	1625																
	Client Initial:	<u>FDEP-SOROC</u>					<u>TWA</u>	11/16/23	1625											
	RQ-2023-11-27-22																			
	Samples On Ice																			
	Yes No																			