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

March 25, 2019

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.: 1903356

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 2 sample(s) on 3/11/2019 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.
Nokomis Certificate # E84380 Fort Myers Certificate # E85457

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#: **1903356**

Date: **3/25/2019**

## 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.

I: The reported value is greater than or equal to the laboratory MDL but less than the laboratory PQL.

J: Estimated Value.

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#: **1903356**

Date Reported: **3/25/2019**

**CLIENT:** DEP-Bureau or Labs-Biology Section **Lab Order:** 1903356

**Project:** DEP Fecals

**Lab ID:** 1903356-001 **Collection Date:** 3/11/2019 10:35:00 AM

**Client Sample ID:** G1SD0077 **Matrix:** AQUEOUS

| Analyses | Result | MDL | Qual | Units | DF | Date Analyzed |
|---|---|---|---|---|---|---|
| **FECAL COLIFORM** | | | | **A9222D** | | Analyst: **NS** |
| Coliform, Fecal | ND | 2.00 | U | CFU/100ml | 2 | 3/11/2019 5:13:00 PM |
| **TOTAL COLIFORM MMO-MUG** | | | | **A9223B** | | Analyst: **NS** |
| Escherichia Coli | 10.0 | 10.0 | | MPN/100mL | 10 | 3/11/2019 4:30:00 PM |

**Lab ID:** 1903356-002 **Collection Date:** 3/11/2019 10:50:00 AM

**Client Sample ID:** G1SD0065 **Matrix:** AQUEOUS

| Analyses | Result | MDL | Qual | Units | DF | Date Analyzed |
|---|---|---|---|---|---|---|
| **FECAL COLIFORM** | | | | **A9222D** | | Analyst: **NS** |
| Coliform, Fecal | ND | 2.00 | U | CFU/100ml | 2 | 3/11/2019 5:13:00 PM |
| **TOTAL COLIFORM MMO-MUG** | | | | **A9223B** | | Analyst: **NS** |
| Escherichia Coli | 30.0 | 10.0 | | MPN/100mL | 10 | 3/11/2019 4:30:00 PM |

**Qualifiers:**

| | | | |
|---|---|---|---|
| H | Holding times for preparation or analysis exceeded | ND | Not Detected at the Reporting Limit |
| PL | Permit Limit | RL | Reporting Detection Limit |
| U | Samples with CalcVal < MDL | W | Sample container temperature is out of limit as specified at testcode |

Original

Sanders Laboratories
Environmental Testing Services

# CHAIN OF CUSTODY RECORD

Project # (Lab Use Only): 1903356

Report To: dep-Overflowmicro@dep.state.fl.us

Client: FDEP
Address: 2600 Blair Stone Rd.
Tallahassee, FL 32399
Phone: 850-245-8085
Fax:

Bill to: Carina Tull
P.O. # Lab #039

Project Name: SWP - GOM
Project Location: Collier
Customer Type: SOP QC 8852
Kit #:
Requested Due Date:

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

Sampled By (PRINT): STEVE COFONE
Sampler Signature:

| Matrix | Sample Description | Sample Date | Sample Time | Sample Type | Preservatives pH | Preservatives Ice | Preservatives S | Analysis Requested SM9223B E Coli | Analysis Requested ENTEROCOCCI | Analysis Requested E COLI | Sample ID # (Lab Use Only) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| SW | G1SD0077 | 3/11/19 | 1430 | G | | X | | | X | X | 1A/B |
| SW | G1SD0065 | 3/11/19 | 1550 | G | | X | | | X | X | 2A/B |

| Bottle Lot # | | | Relinquished By/Affiliation | Date | Time | Accepted By/Affiliation | Date | Time |
|---|---|---|---|---|---|---|---|---|
| | RQ-2019-03-11-30 | Okay to Run As Is... | KTM SOP QC / COFONE | 3/11/19 | 1515 | KT | 3/11/19 | 1515 |
| | Samples Are Ambient Water 3.1 | Client Initial: | | | | | | |
| | E. Coli by Quanti Tray | Samples On Ice (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