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

February 06, 2020

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.: 2002132

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 4 sample(s) on 2/4/2020 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

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Definition Only

WO#: **2002132**

Date: **2/6/2020**

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.

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Analytical Report

(continuous)

WO#: **2002132**

Date Reported: **2/6/2020**

CLIENT: DEP-Bureau or Labs-Biology Section **Lab Order:** 2002132

Project: DEP Fecals

Lab ID: 2002132-001 **Collection Date:** 2/4/2020 10:00:00 AM

Client Sample ID: G4SD0173 **Matrix:** AQUEOUS

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM MMO-MUG				**A9223B**		Analyst: **TM**
Escherichia Coli	206	1.00		MPN/100mL	1	2/4/2020 2:25:00 PM

Lab ID: 2002132-002 **Collection Date:** 2/4/2020 11:20:00 AM

Client Sample ID: G4SD0174 **Matrix:** AQUEOUS

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM MMO-MUG				**A9223B**		Analyst: **TM**
Escherichia Coli	31.8	1.00		MPN/100mL	1	2/4/2020 2:25:00 PM

Lab ID: 2002132-003 **Collection Date:** 2/4/2020 10:55:00 AM

Client Sample ID: G4SD0175 **Matrix:** AQUEOUS

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM MMO-MUG				**A9223B**		Analyst: **TM**
Escherichia Coli	9.70	1.00		MPN/100mL	1	2/4/2020 2:25:00 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

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Analytical Report

(continuous)

WO#: **2002132**

Date Reported: **2/6/2020**

CLIENT: DEP-Bureau or Labs-Biology Section **Lab Order:** 2002132

Project: DEP Fecals

Lab ID: 2002132-004 **Collection Date:** 2/4/2020 12:20:00 PM

Client Sample ID: G4SD0190 **Matrix:** AQUEOUS

Analyses	Result	MDL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM MMO-MUG				**A9223B**		Analyst: **TM**
Escherichia Coli	56.5	1.00		MPN/100mL	1	2/4/2020 2:25:00 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): 2002132

Client: Florida Dept. of Environmental Protection
Address: 2600 Blairstone Rd. Tallahassee, FL 32399
Phone: 850-245-8085
Fax:

Report To: DEP-OverflowMicro@dep.state.fl.us
Bill to: Carina Tull
P.O. # LAB #039

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

Project Name: Okee Canals
Project Location: Highlands, Glades
Customer Type: FDEP - South ROC
Kit #:
Requested Due Date:

Sampled By (PRINT): Nicole Reistad
Sampler Signature:

Matrix	Sample Description	Sample Date	Sample Time	Sample Type	Preservatives pH	Preservatives Ice	Preservatives S	Analysis Requested E. coli	Analysis Requested Enterococci	Analysis Requested Fecal Coliforms	Sample ID # (Lab Use Only)
F	G4SD0173	02/04/20	1000	Grab		X		X			1A
F	G4SD0174	02/04/20	1120	Grab		X		X			2A
F	G4SD0175	02/04/20	1055	Grab		X		X			3A
F	G4SD0190	02/04/20	1220	Grab		X		X			4A

Bottle Lot #			Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time
Client	Samples are ambient water	Okay to Run As Is...	Nicole Reistad	02/04/20			2/4/20	1411
cont.		Client Initial:	FDEP-SROC					
	RQ-2020-02-03-76							
		Samples On Ice						
	1.3	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