



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

September 15, 2021

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.: 2109037

Dear Arielle Taylor-Manges:

Sanders Laboratories, Inc received 2 sample(s) on 9/1/2021 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#: 2109037
Date: 9/15/2021

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.

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#: 2109037

Date Reported: 9/15/2021

CLIENT: DEP-Bureau or Labs-Biology Section

Lab Order: 2109037

Project: DEP Fecals

Lab ID: 2109037-001

Collection Date: 9/1/2021 8:20:00 AM

Client Sample ID: G3SD0190

Matrix: SURFACE WATER

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

A9223B

Analyst: JVS

Escherichia Coli	79.4	1.00		MPN/100mL	1	9/1/2021 2:15:00 PM
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Lab ID: 2109037-002

Collection Date: 9/1/2021 9:05:00 AM

Client Sample ID: G35D0085

Matrix: SURFACE WATER

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

A9223B

Analyst: JVS

Escherichia Coli	ND	1.00	U	MPN/100mL	1	9/1/2021 2:15:00 PM
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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

Revision v1

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Project #
(Lab Use Only)

2109 03'

Fax

P.O. # ~~LAB #039~~ B9633B

$$\text{H}_2\text{SO}_4 = \text{S}, \text{NaOH} = \text{SH}, \text{NH}_4\text{Cl} = \text{NH}$$

Kit #:

Requested Due Date:

[illegible]

10090 Bavaria Rd., Fort Myers, FL 33913 (239) 590-0337 fax (239) 590-0536
Form #: RCF -02 Approved by: KS 7/11/2016