

January 17, 2019

Bobby Purvis  
Daphne Utilities Wastewater Dept.  
29280 N. Main St  
Daphne, AL 36526

RE: Project: Bay Testing  
Pace Project No.: 2093540

Dear Bobby Purvis:

Enclosed are the analytical results for sample(s) received by the laboratory on January 15, 2019. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Mary Kathryn Brenner  
marykathryn.brenner@pacelabs.com  
251-344-9106  
Project Manager

Enclosures

cc: Ashley Campbell, City of Daphne



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: Bay Testing  
Pace Project No.: 2093540

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### Mobile Certification IDs

4320 Midmost Drive, Mobile, AL 36609  
Alabama Certification #: 40810

Florida Certification #: E87977

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## SAMPLE SUMMARY

Project: Bay Testing

Pace Project No.: 2093540

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<b>Lab ID</b>	<b>Sample ID</b>	<b>Matrix</b>	<b>Date Collected</b>	<b>Date Received</b>
2093540001	Lakeforest Yacht Club	Water	01/15/19 08:40	01/15/19 12:40
2093540002	Bayfront Park	Water	01/15/19 08:55	01/15/19 12:40
2093540003	Steadman's Landing	Water	01/15/19 09:10	01/15/19 12:40

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## SAMPLE ANALYTE COUNT

Project: Bay Testing

Pace Project No.: 2093540

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Lab ID	Sample ID	Method	Analysts	Analytes Reported
2093540001	Lakeforest Yacht Club	Enterolert/Quanti-Tray	CMR	1
2093540002	Bayfront Park	Enterolert/Quanti-Tray	CMR	1
2093540003	Steadman's Landing	Enterolert/Quanti-Tray	CMR	1

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## ANALYTICAL RESULTS

Project: Bay Testing

Pace Project No.: 2093540

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>Sample: Lakeforest Yacht Club      Lab ID: 2093540001      Collected: 01/15/19 08:40      Received: 01/15/19 12:40      Matrix: Water</b>								
<b>MOB Enterolert/Quanti-Tray</b> Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray								
Enterococci	ND	MPN/100mL	10.0	10	01/15/19 14:37	01/16/19 14:37		

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## ANALYTICAL RESULTS

Project: Bay Testing

Pace Project No.: 2093540

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>Sample: Bayfront Park</b>								
<b>Lab ID: 2093540002</b>								
Collected: 01/15/19 08:55    Received: 01/15/19 12:40    Matrix: Water								
<b>MOB Enterolert/Quanti-Tray</b>								
Analytical Method: Enterolert/Quanti-Tray    Preparation Method: Enterolert/Quanti-Tray								
Enterococci	<b>20.0</b>	MPN/100mL	10.0	10	01/15/19 14:37	01/16/19 14:37		

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## ANALYTICAL RESULTS

Project: Bay Testing

Pace Project No.: 2093540

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>Sample: Steadman's Landing</b>								
<b>Lab ID: 2093540003</b>								
Collected: 01/15/19 09:10    Received: 01/15/19 12:40    Matrix: Water								
<b>MOB Enterolert/Quanti-Tray</b>								
Analytical Method: Enterolert/Quanti-Tray    Preparation Method: Enterolert/Quanti-Tray								
Enterococci	ND	MPN/100mL	10.0	10	01/15/19 14:37	01/16/19 14:37		

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**QUALITY CONTROL DATA**

Project: Bay Testing

Pace Project No.: 2093540

QC Batch: 131101 Analysis Method: Enterolert/Quanti-Tray

QC Batch Method: Enterolert/Quanti-Tray Analysis Description: MOB Enterolert/Quanti-Tray

Associated Lab Samples: 2093540001, 2093540002, 2093540003

METHOD BLANK: 569099 Matrix: Water

Associated Lab Samples: 2093540001, 2093540002, 2093540003

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Enterococci	MPN/100mL	ND	1.0	01/16/19 14:37	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

**REPORT OF LABORATORY ANALYSIS**

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## QUALIFIERS

Project: Bay Testing

Pace Project No.: 2093540

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The Nelac Institute

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: Bay Testing

Pace Project No.: 2093540

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
2093540001	Lakeforest Yacht Club	Enterolert/Quanti-Tray	131101	Enterolert/Quanti-Tray	131228
2093540002	Bayfront Park	Enterolert/Quanti-Tray	131101	Enterolert/Quanti-Tray	131228
2093540003	Steadman's Landing	Enterolert/Quanti-Tray	131101	Enterolert/Quanti-Tray	131228

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# CHAIN-OF-CUSTODY Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

Company: Daphne Utilities

Address:

Report To:

Copy To:

Customer Project Name/Number: Maric Bay

Baywater Samples

Phone:

Email:

Collected By (print): Branley Skip-Dennis

Quote #: 1240

Turnaround Date Required:

Rush:  Same Day  Next Day

Dispose as appropriate  Return

Archive:  Hold:

\* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Wastewater (WW), Product (P), Soil/Solid (S), Oil (OL), Wipe (WP), Air (AR), Tissue (TS), Bioassay (B), Vapor (V), Other (OT)

State: / County/City: \_\_\_\_\_ Time Zone Collected: [ ] PT [ ] MT [ ] CT [ ] ET

Site/Facility ID #:

Purchase Order #:

Turnaround Date Required:

Rush:  Same Day  Next Day

Dispose as appropriate  Return

Archive:  Hold:

\* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Wastewater (WW), Product (P), Soil/Solid (S), Oil (OL), Wipe (WP), Air (AR), Tissue (TS), Bioassay (B), Vapor (V), Other (OT)

Lab Profile/Line:

Lab Sample Receipt Checklist:

Custody Seals Present/Intact	Y	N	NA
Custody Signatures Present	Y	N	NA
Collector Signatures Present	Y	N	NA
Bottles Intact	Y	N	NA
Correct Bottles	Y	N	NA
Sufficient Volume	Y	N	NA
VDA - Headspace Acceptable	Y	N	NA
USDA Regulated Solids	Y	N	NA
Samples in Holding Time	Y	N	NA
Residual Chlorine Present	Y	N	NA
Cl Strips:	Y	N	NA
Sample pH Acceptable	Y	N	NA
pH Strips:	Y	N	NA
Sulfide Present	Y	N	NA
Lead Acetate Strips:	Y	N	NA

LAB USE ONLY:

Lab Sample # / Comments:

WO#: 2093540  
Order Number or  
2093540

ALL SHADED  
Container Preservative Type \*

\*\* Preservative Types: (1) nitric acid, (2) sulfuric acid, (3) hydrochloric acid, (4) sodium hydroxide, (5) methanol, (6) methanol, (7) sodium bisulfate, (8) sodium thiosulfate, (9) hexane, (A) ascorbic acid, (B) ammonium sulfate, (C) ammonium hydroxide, (D) TSP, (U) Unpreserved, (O) Other

LAB USE ONLY - Affix Workorder  
Container Preservative Type \*

Customer Sample ID	Matrix *	Comp / Grab	Collected (or Composite Start)		Composite End	Res CI	# of Ctns	Type of Ice Used:	Wet	Blue	Dry	None	SHORT HOLDS PRESENT (<72 hours):	Samp. Temp. Info:							
			Date	Time										Temp Blank Received:	Therm ID#:	Cooler 1 Temp Upon Receipt:					
Lake forest Yacht club	GW	G	1.15.19	0840									Y	N	N/A	Temp Blank Received: Y N NA	Therm ID#: <u>TR-01-211</u>	Cooler 1 Temp Upon Receipt: <u>2.0C</u>	Cooler 1 Therm Corr. Factor: <u>2.0C</u>	Cooler 1 Corrected Temp: <u>0C</u>	Comments:
Bay front	GW	G	1.15.19	0855									Y	N	N/A	Temp Blank Received: Y N NA	Therm ID#: <u>TR-01-211</u>	Cooler 1 Temp Upon Receipt: <u>2.0C</u>	Cooler 1 Therm Corr. Factor: <u>2.0C</u>	Cooler 1 Corrected Temp: <u>0C</u>	Comments:
Steadmans landing	GW	G	1.15.19	0910									Y	N	N/A	Temp Blank Received: Y N NA	Therm ID#: <u>TR-01-211</u>	Cooler 1 Temp Upon Receipt: <u>2.0C</u>	Cooler 1 Therm Corr. Factor: <u>2.0C</u>	Cooler 1 Corrected Temp: <u>0C</u>	Comments:

Billing Information:

Email To:

Site Collection Info/Address:

State: / County/City: \_\_\_\_\_ Time Zone Collected: [ ] PT [ ] MT [ ] CT [ ] ET

Compliance Monitoring? [ ] Yes [ ] No

DW PWS ID #:

DW Location Code:

Immediately Packed on Ice: [ ] Yes [ ] No

Field Filtered (if applicable): [ ] Yes [ ] No

Analysis:

LAB USE ONLY - Affix Workorder

Container Preservative Type \*

ALL SHADED

LAB USE ONLY - Affix Workorder

Container Preservative Type \*

LAB USE ONLY - Affix Workorder

Container Preservative Type \*

LAB USE ONLY - Affix Workorder

Container Preservative Type \*

LAB USE ONLY - Affix Workorder

Container Preservative Type \*

ALL SHADED

LAB USE ONLY - Affix Workorder

Container Preservative Type \*

LAB USE ONLY - Affix Workorder

Container Preservative Type \*



# Sample Condition Upon Receipt

## WO# : 2093540

4320 Midmost Dr Mobile, AL  
36609

Project #

PM: MKB

Due Date: 01/24/19

CLIENT: MO-Daphne

Courier:  Pace  Client  FedEx  UPS  Other Tracking # \_\_\_\_\_

Custody Seal on Cooler/Box Present: [see COC]

Custody Seals intact:  Yes  No

Thermometer Used:  Therm Fisher IR 001  
 Other:

Type of Ice: Wet Blue None

Samples on ice: [see COC]

Cooler Temperature: [see COC]

Date and Initials of person examining contents: 15-19-19

Temp must be measured from temperature blank when present

Comments:

Temperature Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	1	
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2	
Chain of Custody Complete:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3	
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4	
Sampler Name on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5	
Short Hold Time Analyses (<72 hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6	
Rush Turn Around Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7	
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8	
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9	
Correct Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	10	
Filtered vol. Rec. for Diss tests	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11	
Sample Labels match COC:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12	
All containers received within manufacturer's precautionary and/or expiration dates:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13	
All containers needing chemical preservation have been checked (except VOA, micro, & O&G):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14	
All containers preservation checked found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15	If No, was preservative added? <input type="checkbox"/> Yes <input type="checkbox"/> No If added record lot no.: HNO3 _____ H2SO4 _____
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No	17	

Client Notification/Resolution:

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/ Resolution: \_\_\_\_\_