

May 22, 2019

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

RE: Project: Bay Sampling
Pace Project No.: 20104854

Dear Bobby Purvis:

Enclosed are the analytical results for sample(s) received by the laboratory on May 20, 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
Johnny Grimes, Daphne Utilities



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.

CERTIFICATIONS

Project: Bay Sampling
Pace Project No.: 20104854

Mobile Certification IDs

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

Florida Certification #: E87977

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SAMPLE SUMMARY

Project: Bay Sampling

Pace Project No.: 20104854

Lab ID	Sample ID	Matrix	Date Collected	Date Received
20104854001	Bayfront Park	Water	05/20/19 10:10	05/20/19 11:20
20104854002	Lake Forest Yacht Club	Water	05/20/19 09:52	05/20/19 11:20
20104854003	Stedman's Landing	Water	05/20/19 10:33	05/20/19 11:20

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SAMPLE ANALYTE COUNT

Project: Bay Sampling

Pace Project No.: 20104854

Lab ID	Sample ID	Method	Analysts	Analytes Reported
20104854001	Bayfront Park	Enterolert/Quanti-Tray	CMR	1
20104854002	Lake Forest Yacht Club	Enterolert/Quanti-Tray	CMR	1
20104854003	Stedman's Landing	Enterolert/Quanti-Tray	CMR	1

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ANALYTICAL RESULTS

Project: Bay Sampling

Pace Project No.: 20104854

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Bayfront Park								
Lab ID: 20104854001								
Collected: 05/20/19 10:10 Received: 05/20/19 11:20 Matrix: Water								
MOB Enterolert/Quanti-Tray								
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	10.0	MPN/100mL	10.0	10	05/20/19 11:40	05/21/19 11:40		

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ANALYTICAL RESULTS

Project: Bay Sampling

Pace Project No.: 20104854

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Lake Forest Yacht Club Lab ID: 20104854002 Collected: 05/20/19 09:52 Received: 05/20/19 11:20 Matrix: Water								
MOB Enterolert/Quanti-Tray Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	10.0	MPN/100mL	10.0	10	05/20/19 11:40	05/21/19 11:40		

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ANALYTICAL RESULTS

Project: Bay Sampling

Pace Project No.: 20104854

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Stedman's Landing								
Lab ID: 20104854003								
Collected: 05/20/19 10:33 Received: 05/20/19 11:20 Matrix: Water								
MOB Enterolert/Quanti-Tray								
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	ND	MPN/100mL	10.0	10	05/20/19 11:40	05/21/19 11:40		

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QUALITY CONTROL DATA

Project: Bay Sampling

Pace Project No.: 20104854

QC Batch: 142787 Analysis Method: Enterolert/Quanti-Tray

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

Associated Lab Samples: 20104854001, 20104854002, 20104854003

METHOD BLANK: 625727 Matrix: Water

Associated Lab Samples: 20104854001, 20104854002, 20104854003

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Enterococci	MPN/100mL	ND	1.0	05/21/19 10:58	

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.

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QUALIFIERS

Project: Bay Sampling

Pace Project No.: 20104854

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 Sampling

Pace Project No.: 20104854

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
20104854001	Bayfront Park	Enterolert/Quanti-Tray	142787	Enterolert/Quanti-Tray	142895
20104854002	Lake Forest Yacht Club	Enterolert/Quanti-Tray	142787	Enterolert/Quanti-Tray	142895
20104854003	Stedman's Landing	Enterolert/Quanti-Tray	142787	Enterolert/Quanti-Tray	142895

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WO#: 20104854

CHAIN-OF-CUSTODY / Analytical Request Doc
 The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be filled out.



20104854

Section A
Required Client Information:
 Company: Daphne Utilities Wastewater Dept.
 Address: P.O. Box 2550
 Daphne, AL 36526
 Phone: (251)380-8561 Fax:
 Email: sharon@daphneutilities.com
 Requested Due Date:

Section B
Required Project Information:
 Report To: Sharon Surra
 Copy To:
 Daphne, AL 36526
 Purchase Order #:
 Project Name: Bay Sampling
 Project #:

Section C
Invoice Information:
 Attention:
 Company Name:
 Address:
 Pace Project Manager: manykathryn.brenner@pacelabs.com
 Pace Profile #: 9456
 Regulatory Agency:
 State / Location: AL

ITEM #	MATRIX	CODE	COLLECTED		SAMPLE TYPE (G-RAB C-COMP)	MATRIX CODE (see valid codes to left)	SAMPLER TEMP AT COLLECTION		# OF CONTAINERS	PRESERVATIVES		ANALYSES TEST	ENTERED QT	RESIDUAL CHROME (Y/N)
			START	END			DATE	TIME		UNPRESERVED	H2SO4			
1	Drinking Water	DW	10/10	0933	WT	WT	10/10	0933				X		
2	Waste Water	WW	10/10	0933	WT	WT	10/10	0933				X		
3	Waste Water	WW	10/10	1033	WT	WT	10/10	1033				X		
4	Product	P												
5	Soil/Solid	SS												
6	Oil	OL												
7	Wipe	WP												
8	Air	AR												
9	Other	OT												
10	Tissue	TS												
11														
12														

ADDITIONAL COMMENTS
 2 hours 57 miles
 Relinquished by / Affiliation: [Signature]
 Date: 5-20-19 120 Lake H. Williams
 Accepted by / Affiliation: [Signature]
 Date: 5-20-19 1120 5.8 Y N Y
 Received on: [Signature]
 Temp in C: [Signature]
 Samples Intact (Y/N):
 Sealed (Y/N):
 Cooled (Y/N):
 Received on: [Signature]
 Temp in C: [Signature]
 DATE Signed: 5-20-19



Sample Condition Upon Receipt

4320 Midmost Dr Mobile, AL 36609

WO#: 20104854

PM: MKB

Due Date: 05/30/19

CLIENT: MO-Daphne

Project

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]

Date and Initials of person examining contents: 5/20/19 KAV

Cooler Temperature: [see COC]

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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10	
Filtered vol. Rec. for Diss tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11	
Sample Labels match COC:	<input checked="" 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 checked="" type="checkbox"/> No	17	

Client Notification/Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____