

August 21, 2019

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

RE: Project: Bay Testing
Pace Project No.: 20117609

Dear Bobby Purvis:

Enclosed are the analytical results for sample(s) received by the laboratory on August 19, 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

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CERTIFICATIONS

Project: Bay Testing
Pace Project No.: 20117609

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.: 20117609

Lab ID	Sample ID	Matrix	Date Collected	Date Received
20117609001	Bayfront Park	Water	08/19/19 08:30	08/19/19 09:25
20117609002	Lake Forest Yacht Club	Water	08/19/19 08:15	08/19/19 09:25
20117609003	Stedman's Landing	Water	08/19/19 08:50	08/19/19 09:25

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SAMPLE ANALYTE COUNT

Project: Bay Testing

Pace Project No.: 20117609

Lab ID	Sample ID	Method	Analysts	Analytes Reported
20117609001	Bayfront Park	Enterolert/Quanti-Tray	CMR	1
20117609002	Lake Forest Yacht Club	Enterolert/Quanti-Tray	CMR	1
20117609003	Stedman's Landing	Enterolert/Quanti-Tray	CMR	1

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ANALYTICAL RESULTS

Project: Bay Testing

Pace Project No.: 20117609

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Bayfront Park								
Lab ID: 20117609001								
Collected: 08/19/19 08:30 Received: 08/19/19 09:25 Matrix: Water								
MOB Enterolert/Quanti-Tray								
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	20.0	MPN/100mL	10.0	10	08/19/19 13:34	08/20/19 13:43		

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ANALYTICAL RESULTS

Project: Bay Testing

Pace Project No.: 20117609

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Lake Forest Yacht Club Lab ID: 20117609002 Collected: 08/19/19 08:15 Received: 08/19/19 09:25 Matrix: Water								
MOB Enterolert/Quanti-Tray Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	10.0	MPN/100mL	10.0	10	08/19/19 13:34	08/20/19 13:43		

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ANALYTICAL RESULTS

Project: Bay Testing
Pace Project No.: 20117609

Sample: Stedman's Landing		Lab ID: 20117609003	Collected: 08/19/19 08:50	Received: 08/19/19 09:25	Matrix: Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
MOB Enterolert/Quanti-Tray								
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	52.0	MPN/100mL	10.0	10	08/19/19 13:34	08/20/19 13:43		

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QUALITY CONTROL DATA

Project: Bay Testing

Pace Project No.: 20117609

QC Batch: 153946

Analysis Method: Enterolert/Quanti-Tray

QC Batch Method: Enterolert/Quanti-Tray

Analysis Description: MOB Enterolert/Quanti-Tray

Associated Lab Samples: 20117609001, 20117609002, 20117609003

METHOD BLANK: 686215

Matrix: Water

Associated Lab Samples: 20117609001, 20117609002, 20117609003

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Enterococci	MPN/100mL	ND	1.0	08/20/19 13:43	

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 Testing

Pace Project No.: 20117609

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.: 20117609

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
20117609001	Bayfront Park	Enterolert/Quanti-Tray	153946	Enterolert/Quanti-Tray	154035
20117609002	Lake Forest Yacht Club	Enterolert/Quanti-Tray	153946	Enterolert/Quanti-Tray	154035
20117609003	Stedman's Landing	Enterolert/Quanti-Tray	153946	Enterolert/Quanti-Tray	154035

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CHAIN-OF-CUSTODY / Analytical Request D-

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields m

WO#: 20117609



20117609

Section A

Required Client Information:

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

Section B

Required Project Information:

Report To: Sharon Surra
 Copy To:
 Purchase Order #: Bay Sampling
 Project Name:
 Project #:

Section C

Invoice Information:

Attention:
 Company Name:
 Address:
 Pace Quote:
 Pace Project Manager: marykathryn.brenner@pacelabs.com
 Pace Profile #: 9456

Regulatory Agency:
 State / Location: AL

ITEM #	MATRIX	CODE	COLLECTED		SAMPLE TYPE (G=GRAB C=COMP)	MATRIX CODE (see valid codes to left)	SAMPLER TEMP AT COLLECTION		# OF CONTAINERS	Preservatives	Analytes Test Y/N	Enter OT	Requested Analyte Filtered (Y/N)	TEMP in C	Received on	Ice (Y/N)	Custody (Y/N)	Sealed Cooler (Y/N)	Samples Intact (Y/N)
			START DATE TIME	END DATE TIME			DATE	TIME											
1	Drinking Water	DW				WT													
2	Water	WT				WT	8.19.19 0830												
3	Waste Water	WW				WT	8.19.19 0815												
4	Waste Product	P				WT	8.19.19 0850												
5	Soil/Solid	SS																	
6	Oil	OL																	
7	Wipes	WP																	
8	Air	AS																	
9	Other	OT																	
10	Tissue	TS																	
11																			
12																			

Man hours: 2
 Mileage: 52

RELINQUISHED BY / AFFILIATION: [Signature] DATE: 8.19.19 TIME: 0825
 ACCEPTED BY / AFFILIATION: Kylea Williams DATE: 8/19/19 TIME: 18:7

SAMPLER NAME AND SIGNATURE
 PRINT Name of SAMPLER: [Signature]
 SIGNATURE of SAMPLER: [Signature] DATE Signed: 8.19.19



Sample Condition Upon Receipt

4320 Midmost Dr Mobile AL 36609

Project

WO#: 20117609
PM: MKB Due Date: 08/28/19
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: 8/19/19 KAL

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 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: _____

