

October 08, 2020

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

RE: Project: Bay Sampling (Resample)
Pace Project No.: 20174198

Dear Bobby Purvis:

Enclosed are the analytical results for sample(s) received by the laboratory on October 06, 2020. The results relate only to the samples included in this report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Mobile Labs

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 Sampling (Resample)

Pace Project No.: 20174198

Pace Analytical Services Mobile

4320 Midmost Drive, Mobile, AL 36609

Alabama Certification #: 40810

Florida Certification #: E87977

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SAMPLE SUMMARY

Project: Bay Sampling (Resample)
Pace Project No.: 20174198

Lab ID	Sample ID	Matrix	Date Collected	Date Received
20174198001	Bayfront Park	Water	10/06/20 14:12	10/06/20 15:45

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SAMPLE ANALYTE COUNT

Project: Bay Sampling (Resample)

Pace Project No.: 20174198

Lab ID	Sample ID	Method	Analysts	Analytes Reported
20174198001	Bayfront Park	Enterolert/Quanti-Tray	PP1	1

PASI-MO = Pace Analytical Services - Mobile Labs

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ANALYTICAL RESULTS

Project: Bay Sampling (Resample)

Pace Project No.: 20174198

Sample: Bayfront Park		Lab ID: 20174198001	Collected: 10/06/20 14:12	Received: 10/06/20 15:45	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 Pace Analytical Services - Mobile Labs						
Enterococci	ND	MPN/100mL	10.0	10	10/06/20 16:00	10/07/20 16:07		N2

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QUALITY CONTROL DATA

Project: Bay Sampling (Resample)

Pace Project No.: 20174198

QC Batch: 202665

Analysis Method: Enterolert/Quanti-Tray

QC Batch Method: Enterolert/Quanti-Tray

Analysis Description: MOB Enterolert/Quanti-Tray

Laboratory: Pace Analytical Services - Mobile Labs

Associated Lab Samples: 20174198001

METHOD BLANK: 944868

Matrix: Water

Associated Lab Samples: 20174198001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Enterococci	MPN/100mL	ND	1.0	10/07/20 16:07	N2

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 (Resample)

Pace Project No.: 20174198

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.

ANALYTE QUALIFIERS

N2 The lab does not hold NELAC/TNI accreditation for this parameter but other accreditations/certifications may apply. A complete list of accreditations/certifications is available upon request.

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: Bay Sampling (Resample)

Pace Project No.: 20174198

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
20174198001	Bayfront Park	Enterolert/Quanti-Tray	202665	Enterolert/Quanti-Tray	202746

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CHAIN-OF-CUSTODY / Analytical Request Doc

WO#: 20174198



20174198

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:

Section B

Required Project Information:

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

Section C

Invoice Information:

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

Regulatory Agency: AL
State / Location:

Main data table with columns: ITEM #, SAMPLE ID, MATRIX CODE, SAMPLE TYPE, DATE, TIME, COLLECTED, START, END, SAMPLE TEMP AT COLLECTION, # OF CONTAINERS, Preservatives, Analyzed Test, Residual Chlorine, and various checkboxes for custody and temperature.

SAMPLER NAME AND SIGNATURE
PRINT Name of SAMPLER:
SIGNATURE of SAMPLER:

DATE Signed:

TEMP in C
Received on Ice (Y/N)
Custody Sealed Cooler (Y/N)
Samples Intact (Y/N)



4320 Midmost Dr Mobile AL 36609

Project #:

Sample Condition Upon Receipt

CLIENT: MO-Daphne
 PM: MKB
 Due Date: 10/15/20

MO#: 20174198

Courier: Pace Client FedEx UPS Other Tracking # _____

Custody Seal on Cooler/Box Present: [see COC] Yes No
 Custody Seals Intact Yes No

Thermometer Therm Fisher IR 001
 Used: Other

Type of Ice: Wet Blue None Samples on ice [see COC]

Date and Initials of person examining contents: _____

Cooler Temperature [see COC]

Temp must be measured from temperature blank when present

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

Client Notification/Resolution: _____
 Person Contacted: _____
 Date/Time: _____
 Comments/Resolution: _____