

August 13, 2019

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

RE: Project: Bay Testing
Pace Project No.: 20116458

Dear Bobby Purvis:

Enclosed are the analytical results for sample(s) received by the laboratory on August 12, 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.: 20116458

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.: 20116458

Lab ID	Sample ID	Matrix	Date Collected	Date Received
20116458001	Bayfront Park	Water	08/12/19 08:25	08/12/19 09:22
20116458002	Lake Forest Yacht Club	Water	08/12/19 08:15	08/12/19 09:22
20116458003	Stedman's Landing	Water	08/12/19 08:45	08/12/19 09:22

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SAMPLE ANALYTE COUNT

Project: Bay Testing

Pace Project No.: 20116458

Lab ID	Sample ID	Method	Analysts	Analytes Reported
20116458001	Bayfront Park	Enterolert/Quanti-Tray	CMR	1
20116458002	Lake Forest Yacht Club	Enterolert/Quanti-Tray	CMR	1
20116458003	Stedman's Landing	Enterolert/Quanti-Tray	CMR	1

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ANALYTICAL RESULTS

Project: Bay Testing

Pace Project No.: 20116458

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Bayfront Park								
Lab ID: 20116458001								
Collected: 08/12/19 08:25 Received: 08/12/19 09:22 Matrix: Water								
MOB Enterolert/Quanti-Tray								
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	86.0	MPN/100mL	10.0	10	08/12/19 13:21	08/13/19 13:22		

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ANALYTICAL RESULTS

Project: Bay Testing

Pace Project No.: 20116458

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Lake Forest Yacht Club Lab ID: 20116458002 Collected: 08/12/19 08:15 Received: 08/12/19 09:22 Matrix: Water								
MOB Enterolert/Quanti-Tray Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	52.0	MPN/100mL	10.0	10	08/12/19 13:21	08/13/19 13:22		

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ANALYTICAL RESULTS

Project: Bay Testing
Pace Project No.: 20116458

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Stedman's Landing								
Lab ID: 20116458003								
Collected: 08/12/19 08:45 Received: 08/12/19 09:22 Matrix: Water								
MOB Enterolert/Quanti-Tray								
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	41.0	MPN/100mL	10.0	10	08/12/19 13:21	08/13/19 13:22		

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QUALITY CONTROL DATA

Project: Bay Testing

Pace Project No.: 20116458

QC Batch: 152967 Analysis Method: Enterolert/Quanti-Tray

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

Associated Lab Samples: 20116458001, 20116458002, 20116458003

METHOD BLANK: 680821 Matrix: Water

Associated Lab Samples: 20116458001, 20116458002, 20116458003

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Enterococci	MPN/100mL	ND	1.0	08/13/19 13:22	

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.: 20116458

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.: 20116458

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
20116458001	Bayfront Park	Enterolert/Quanti-Tray	152967	Enterolert/Quanti-Tray	153084
20116458002	Lake Forest Yacht Club	Enterolert/Quanti-Tray	152967	Enterolert/Quanti-Tray	153084
20116458003	Stedman's Landing	Enterolert/Quanti-Tray	152967	Enterolert/Quanti-Tray	153084

REPORT OF LABORATORY ANALYSIS

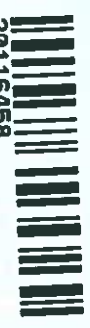
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CHAIN-OF-CUSTODY / Analytical Request I

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

W0# : 20116458



20116458

Section A

Required Client Information:

Company: Daphne Utilities Wastewater Dept.
 Address: P O. Box 2550
 Daphne, AL 36526
 Email: sharon@dapneutilities.com
 Phone: (251)380-8561 Fax
 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:
 Pace Quote:
 Pace Project Manager: marykathryn.brenner@pacealabs.com.
 Pace Profile #: 9456

Regulatory Agency:

State / Location:

ITEM #	SAMPLE ID One Character per box. (A-Z, 0-9 / , -) Sample ids must be unique	MATRIX	CODE	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED		SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives						Analyses Test	Entero QT	Residual Chlorine (Y/N)	SAMPLE CONDITIONS
						START DATE TIME	END DATE TIME			Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3				
1	Bayfront Park	Drinking Water	DW	WT															
2	Lake Forest Yacht Club	Water	WT	WT															
3	Stedman's Landing	Water	WT	WT															
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

ADDITIONAL COMMENTS: REQUISITIONED BY AFFILIATION: DATE: TIME: ACCEPTED BY AFFILIATION: DATE: TIME: SAMPLE CONDITIONS: New hours: 2, Mixture: 52

Sampler Name and Signature: PRINT Name of SAMPLER: SIGNATURE OF SAMPLER: DATE Signed: 8.12.19

Signature: Stanley S. ...



4320 Midmost Dr Mobile AL 36609

Project #:

Sample Condition Upon Receipt

MO# : 20116458
 PM: MKB
 CLIENT: MO-Daphne
 Due Date: 08/21/19

Courier: Pace Client Fedex UPS Other Tracking # _____

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

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: 8/12/19 KALD

1	Temperature Blank Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2	Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3	Chain of Custody Complete:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5	Sampler Name on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6	Short Hold Time Analyses (<72 hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7	Rush Turn Around Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8	Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9	Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10	Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11	Filtered vol. Rec. for Diss. tests	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12	Sample Labels match COC:	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16	Headspace in VOA Vials (>6mm):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17	Trip Blank Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Temp must be measured from temperature blank when present

Comments:

Client Notification/Resolution:

Person Contacted:

Date/Time:

Comments/ Resolution: