

July 16, 2019

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

RE: Project: Bay Sampling
Pace Project No.: 20112598

Dear Bobby Purvis:

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



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
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CERTIFICATIONS

Project: Bay Sampling

Pace Project No.: 20112598

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.: 20112598

Lab ID	Sample ID	Matrix	Date Collected	Date Received
20112598001	Bayfront Park	Water	07/15/19 08:05	07/15/19 09:12
20112598002	Lake Forest Yacht Club	Water	07/15/19 07:55	07/15/19 09:12
20112598003	Stedman's Landing	Water	07/15/19 08:20	07/15/19 09:12

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SAMPLE ANALYTE COUNT

Project: Bay Sampling

Pace Project No.: 20112598

Lab ID	Sample ID	Method	Analysts	Analytes Reported
20112598001	Bayfront Park	Enterolert/Quanti-Tray	CMR	1
20112598002	Lake Forest Yacht Club	Enterolert/Quanti-Tray	CMR	1
20112598003	Stedman's Landing	Enterolert/Quanti-Tray	CMR	1

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ANALYTICAL RESULTS

Project: Bay Sampling

Pace Project No.: 20112598

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Bayfront Park								
Lab ID: 20112598001								
Collected: 07/15/19 08:05 Received: 07/15/19 09:12 Matrix: Water								
MOB Enterolert/Quanti-Tray								
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	1920	MPN/100mL	10.0	10	07/15/19 11:09	07/16/19 11:04		

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ANALYTICAL RESULTS

Project: Bay Sampling

Pace Project No.: 20112598

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Lake Forest Yacht Club Lab ID: 20112598002 Collected: 07/15/19 07:55 Received: 07/15/19 09:12 Matrix: Water								
MOB Enterolert/Quanti-Tray Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	211	MPN/100mL	10.0	10	07/15/19 11:09	07/16/19 11:04		

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ANALYTICAL RESULTS

Project: Bay Sampling

Pace Project No.: 20112598

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
Sample: Stedman's Landing								
Lab ID: 20112598003								
Collected: 07/15/19 08:20 Received: 07/15/19 09:12 Matrix: Water								
MOB Enterolert/Quanti-Tray								
Analytical Method: Enterolert/Quanti-Tray Preparation Method: Enterolert/Quanti-Tray								
Enterococci	235	MPN/100mL	10.0	10	07/15/19 11:09	07/16/19 11:04		

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QUALITY CONTROL DATA

Project: Bay Sampling

Pace Project No.: 20112598

QC Batch: 149391

Analysis Method: Enterolert/Quanti-Tray

QC Batch Method: Enterolert/Quanti-Tray

Analysis Description: MOB Enterolert/Quanti-Tray

Associated Lab Samples: 20112598001, 20112598002, 20112598003

METHOD BLANK: 662434

Matrix: Water

Associated Lab Samples: 20112598001, 20112598002, 20112598003

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Enterococci	MPN/100mL	ND	1.0	07/16/19 11:04	

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.: 20112598

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.: 20112598

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
20112598001	Bayfront Park	Enterolert/Quanti-Tray	149391	Enterolert/Quanti-Tray	149456
20112598002	Lake Forest Yacht Club	Enterolert/Quanti-Tray	149391	Enterolert/Quanti-Tray	149456
20112598003	Stedman's Landing	Enterolert/Quanti-Tray	149391	Enterolert/Quanti-Tray	149456

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CHAIN-OF-CUSTODY / Analytical Request
The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fi

WO#: 20112598



20112598

Section A		Section B		Section C	
Required Client Information:		Required Project Information:		Invoice Information:	
Company: Daphne Utilities Wastewater Dept.	Report To: Sharon Surra	Company Name: Pace Analytical	Company Name: Pace Analytical	Company Name: Pace Analytical	Company Name: Pace Analytical
Address: P.O. Box 2550	Copy To:	Address: Daphne, AL 36526	Purchase Order #:	Address: Daphne, AL 36526	Address: Daphne, AL 36526
Email: sharon@daphneutilities.com	Project Name: Bay Sampling	Phone: (251)380-8561	Project #:	Phone: (251)380-8561	Phone: (251)380-8561
Requested Due Date:					

ITEM #	MATRIX CODE DW: Drinking Water WW: Wastewater P: Product S/S: Solid O: Oil W: Wipe A: Air OT: Other TS: Tissue	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED		# OF CONTAINERS	UNPRESERVED	PRESERVATIVES						ANALYSES TEST	ENTERO QT	RESIDUAL CHLORINE (Y/N)	
				START DATE	END DATE			H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol				Other
1	Bayfront Park	WT		7-15-19	0805												
2	Lake Forest Yacht Club	WT		7-15-19	0755												
3	Stedman's Landing	WT		7-15-19	0820												
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
	Brenda G. Deaman	7-15-19	0912	Kyle A. Williams	7-15-19	0912	9.6 Y N Y
SAMPLER NAME AND SIGNATURE							
PRINT Name of SAMPLER: Brenda G. Deaman							
SIGNATURE of SAMPLER: <i>[Signature]</i> DATE Signed: 7.15.19							
TEMP in C	Received on	Sealed	Custody	Sealed	Cooler	Intact	Samples



Sample Condition Upon Receipt

4320 Midmost Dr. Mobile, AL 36609

WO#: 20112598

PM: MKB

Due Date: 07/24/19

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]

Cooler Temperature: [see COC]

Date and Initials of person examining contents: 7/15/19 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
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: _____
