

June 26, 2017

Francis Moore
FDEP-Bureau of Labs-Bio Section -Twin Towers Lab Complex A
Rm 216 MS 6515
2600 Blair Stone Rd.
Tallahassee, FL 32399

RE: Workorder: T1710112 SMP

Dear Francis Moore:

Enclosed are the analytical results for sample(s) received by the laboratory on Monday, June 12, 2017. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Heidi Parker - Project Manager
HParker@AELLab.com

Enclosures

CERTIFICATE OF ANALYSIS

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SAMPLE SUMMARY

Workorder: T1710112 SMP

Lab ID	Sample ID	Matrix	Date Collected	Date Received
T1710112001	G5SW0118 PP Ditch #5	Water	6/12/2017 10:30	6/12/2017 13:06
T1710112002	G5SW0126 Mckay Creek	Water	6/12/2017 11:10	6/12/2017 13:06

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ANALYTICAL RESULTS

Workorder: T1710112 SMP

Lab ID: **T1710112001** Date Received: 06/12/17 13:06 Matrix: Water
Sample ID: **G5SW0118 PP Ditch #5** Date Collected: 06/12/17 10:30

Sample Description: Location:

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
Microbiology								
Analysis Desc: Escherichia Coli,EPA 1603,Water			Analytical Method: EPA 1603					
E. Coli	480		#/100 mL	10	10	10	6/12/2017 17:18	T

Lab ID: **T1710112002** Date Received: 06/12/17 13:06 Matrix: Water
Sample ID: **G5SW0126 Mckay Creek** Date Collected: 06/12/17 11:10

Sample Description: Location:

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
Microbiology								
Analysis Desc: Escherichia Coli,EPA 1603,Water			Analytical Method: EPA 1603					
E. Coli	360		#/100 mL	10	10	10	6/12/2017 17:18	T

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ANALYTICAL RESULTS QUALIFIERS

Workorder: T1710112 SMP

PARAMETER QUALIFIERS

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

LAB QUALIFIERS

- T DOH Certification #E84589(AEL-T)(FL NELAC Certification)

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QUALITY CONTROL DATA

Workorder: T1710112 SMP

QC Batch:	MICt/2997	Analysis Method:	EPA 1603
QC Batch Method:	EPA 1603	Prepared:	
Associated Lab Samples:	T1710112001, T1710112002		

METHOD BLANK: 2382440

Parameter	Units	Blank Result	Reporting Limit Qualifiers
Microbiology			
E. Coli	#/100 mL	1	1 U

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Workorder: T1710112 SMP

Lab ID	Sample ID	Prep Method	Prep Batch	Analysis Method	Analysis Batch
T1710112001	G5SW0118 PP Ditch #5			EPA 1603	MICt/2997
T1710112002	G5SW0126 Mckay Creek			EPA 1603	MICt/2997

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☐ **Tallahassee:** 2639 North Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275

☐ **Gainesville:** 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.8639

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T 1710112

Client Name:	Project Name: SMP
Address:	Project Number: —
	PO Number: AF315E
Phone:	FDEP Facility No: SW ROC
AX:	FDEP Facility Address: 13051 N. Telecom Parkway Temple Terrace, 33637, FL
Contact: Matt Bearden	Special Instructions: RQ: 2017-06-12-41 (PP Ditch) RQ: 2017-06-12-40 (Muckay)
Sampled By:	
Turn Around Time: ☐ STANDARD ☐ RUSH	☐ ADaPT ☐ EQUIS ☐ Other
CEL Profile #:	

BOTTLE
SIZE & TYPE

ANALYSIS REQUIRED

W. G. L.

LABORATORY I.D. NUMBER

[illegible]

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge

Preservation Code: I = ice H=(HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Received on Ice ☒ Yes ☐ No ☒ Temp taken from sample ☐ Temp from blank ☒ Where required, pH checked

Temp. when received (observed) 4.0 °C Temp. when received (corrected) _____ °C

DCN: AD-051 Form last revised 11/17/16

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V

Relinquished by:		Date	Time	Received by:		Date	Time
1	L. Baehler	6/12/17	1306			6/12/17	1306
2							
3							
4							

FOR DRINKING WATER USE:

(When PWS information not otherwise supplied) PWS ID: _____

Contact Person: _____ Phone : _____

Supplier of Water: _____

Site-Address: