

November 09, 2018

Frances Moore  
FDEP - Biology Program  
Twin Towers Lab Complex A  
2600 Blair Stone RD MS  
Tallahassee, FL 32399

RE: Project: RQ-2018-10-29-19  
Pace Project No.: 35427526

Dear Frances Moore:

Enclosed are the analytical results for sample(s) received by the laboratory on October 31, 2018. 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.

The incorrect test method was run on sample IDs G4SE0049 and G4SECD06.

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

Sincerely,



Jeff Baylor  
jeff.baylor@pacelabs.com  
(386)672-5668  
Project Manager

Enclosures



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: RQ-2018-10-29-19

Pace Project No.: 35427526

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### South Florida Certification IDs

3610 Park Central Blvd N, Pompano Beach, FL 33064

Florida Certification #: E86240

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## SAMPLE SUMMARY

Project: RQ-2018-10-29-19

Pace Project No.: 35427526

| Lab ID      | Sample ID | Matrix | Date Collected | Date Received  |
|-------------|-----------|--------|----------------|----------------|
| 35427526003 | G4SEWC02  | Water  | 10/31/18 14:35 | 10/31/18 16:25 |
| 35427526004 | G4SE0024  | Water  | 10/31/18 15:15 | 10/31/18 16:25 |

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## SAMPLE ANALYTE COUNT

Project: RQ-2018-10-29-19

Pace Project No.: 35427526

| Lab ID      | Sample ID | Method                 | Analysts | Analytes Reported | Laboratory |
|-------------|-----------|------------------------|----------|-------------------|------------|
| 35427526003 | G4SEWC02  | Enterolert/Quanti-Tray | RBF      | 1                 | PASI-SF    |
| 35427526004 | G4SE0024  | Enterolert/Quanti-Tray | RBF      | 1                 | PASI-SF    |

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## ANALYTICAL RESULTS

Project: RQ-2018-10-29-19

Pace Project No.: 35427526

| <b>Sample: G4SEWC02</b>                                                                                                 |             | <b>Lab ID: 35427526003</b> |      | Collected: 10/31/18 14:35 |    | Received: 10/31/18 16:25 |                | Matrix: Water |      |
|-------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|------|---------------------------|----|--------------------------|----------------|---------------|------|
| Parameters                                                                                                              | Results     | Units                      | PQL  | MDL                       | DF | Prepared                 | Analyzed       | CAS No.       | Qual |
| <b>Enterolert/Quanti-Tray</b> Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray |             |                            |      |                           |    |                          |                |               |      |
| Enterococci                                                                                                             | <b>20.0</b> | MPN/100mL                  | 10.0 | 10.0                      | 10 | 10/31/18 18:18           | 11/01/18 18:52 |               |      |

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## ANALYTICAL RESULTS

Project: RQ-2018-10-29-19

Pace Project No.: 35427526

| <b>Sample: G4SE0024</b>                                                                                                 |             | <b>Lab ID: 35427526004</b> |      | Collected: 10/31/18 15:15 |    | Received: 10/31/18 16:25 |                | Matrix: Water |      |
|-------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|------|---------------------------|----|--------------------------|----------------|---------------|------|
| Parameters                                                                                                              | Results     | Units                      | PQL  | MDL                       | DF | Prepared                 | Analyzed       | CAS No.       | Qual |
| <b>Enterolert/Quanti-Tray</b> Analytical Method: Enterolert/Quanti-Tray      Preparation Method: Enterolert/Quanti-Tray |             |                            |      |                           |    |                          |                |               |      |
| Enterococci                                                                                                             | <b>20.0</b> | MPN/100mL                  | 10.0 | 10.0                      | 10 | 10/31/18 18:18           | 11/01/18 18:52 |               |      |

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## QUALITY CONTROL DATA

Project: RQ-2018-10-29-19

Pace Project No.: 35427526

|                         |                          |                       |                        |
|-------------------------|--------------------------|-----------------------|------------------------|
| QC Batch:               | 492170                   | Analysis Method:      | Enterolert/Quanti-Tray |
| QC Batch Method:        | Enterolert/Quanti-Tray   | Analysis Description: | Enterolert MPN         |
| Associated Lab Samples: | 35427526003, 35427526004 |                       |                        |

METHOD BLANK: 2661416 Matrix: Water

Associated Lab Samples: 35427526003, 35427526004

| Parameter   | Units     | Blank Result | Reporting Limit | MDL | Analyzed       | Qualifiers |
|-------------|-----------|--------------|-----------------|-----|----------------|------------|
| Enterococci | MPN/100mL | 1.0 U        | 1.0             | 1.0 | 11/01/18 18:52 |            |

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: RQ-2018-10-29-19

Pace Project No.: 35427526

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### 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

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.

### LABORATORIES

PASI-SF Pace Analytical Services - South Florida

### ANALYTE QUALIFIERS

U Compound was analyzed for but not detected.

## REPORT OF LABORATORY ANALYSIS

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## QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: RQ-2018-10-29-19

Pace Project No.: 35427526

| Lab ID      | Sample ID | QC Batch Method        | QC Batch | Analytical Method      | Analytical Batch |
|-------------|-----------|------------------------|----------|------------------------|------------------|
| 35427526003 | G4SEWC02  | Enterolert/Quanti-Tray | 492170   | Enterolert/Quanti-Tray | 492171           |
| 35427526004 | G4SE0024  | Enterolert/Quanti-Tray | 492170   | Enterolert/Quanti-Tray | 492171           |

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35427526

|                                         |                      |           |                             |                                      |                            |
|-----------------------------------------|----------------------|-----------|-----------------------------|--------------------------------------|----------------------------|
| SAMPLER NAME AND SIGNATURE              |                      | TEMP in C | Received on<br>ice<br>(Y/N) | Custody<br>Sealed<br>Cooler<br>(Y/N) | Samples<br>Intact<br>(Y/N) |
| PRINT Name of SAMPLER: Kristene Bonilla |                      |           |                             |                                      |                            |
| SIGNATURE of SAMPLER: Kristene Bonilla  | DATE Signed: 10/3/18 |           |                             |                                      |                            |

|                                                                                  |                                                      |                                                   |
|----------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|
|  | Document Name:<br>Sample Condition Upon Receipt Form | Document Revised:<br>May 30, 2018                 |
|                                                                                  | Document No.:<br>F-FL-C-007 rev. 13                  | Issuing Authority:<br>Pace Florida Quality Office |
|                                                                                  |                                                      |                                                   |

# WO# : 35427526

(SCUR)

Project #  
Project Manager: PM: JSB  
Client: CLIENT: DEPBUR

Due Date: 11/09/18

Date and Initials of person:  
Examining contents: \_\_\_\_\_  
Label: \_\_\_\_\_  
Deliver: \_\_\_\_\_  
pH: \_\_\_\_\_

Thermometer Used: T-330

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Initials: \_\_\_\_\_

State of Origin: FL

☐ For WV projects, all containers verified to ≤6 °C

|                                                                            |                                                                    |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|
| Cooler #1 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other \_\_\_\_\_

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☐ Ground ☐ International Priority

☐ Other \_\_\_\_\_

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☐ Unknown

Tracking # \_\_\_\_\_

Custody Seal on Cooler/Box Present: ☐ Yes ☐ No Seals intact: ☐ Yes ☐ No Ice: Wet Blue Dry None

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other \_\_\_\_\_

Samples shorted to lab (If Yes, complete) Shorted Date: \_\_\_\_\_ Shorted Time: \_\_\_\_\_ Qty: \_\_\_\_\_

## Comments:

|                                                                                            |                                                                                       |                                                                                                                        |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Chain of Custody Present                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| Chain of Custody Filled Out                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| Relinquished Signature & Sampler Name COC                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| Samples Arrived within Hold Time                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| Rush TAT requested on COC                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| Sufficient Volume                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| Correct Containers Used                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| Containers Intact                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| Sample Labels match COC (sample IDs & date/time of collection)                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| All containers needing acid/base preservation have been checked.                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| All Containers needing preservation are found to be in compliance with EPA recommendation: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                        |
| Exceptions: VOA, Coliform, TOC, O&G, Carbamates                                            |                                                                                       |                                                                                                                        |
| Headspace in VOA Vials? (>6mm):                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Preservation Information:<br>Preservative: _____<br>Lot #/Trace #: _____<br>Date: _____ Time: _____<br>Initials: _____ |
| 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 (use back for additional comments): \_\_\_\_\_

Project Manager Review: \_\_\_\_\_

Date: \_\_\_\_\_ Page 11 of 11