



October 29, 2019

Service Request No:J1906427

Mr. Jeremy Parrish  
Florida DEP  
8800 Baymeadows Way West  
Jacksonville, FL 32256-7577

**Laboratory Results for: Nassau West**

Dear Mr.Parrish,

Enclosed are the results of the sample(s) submitted to our laboratory October 24, 2019  
For your reference, these analyses have been assigned our service request number **J1906427**.

All analyses were performed according to our laboratory's quality assurance program. The test results meet requirements of the NELAP standards except as noted in the case narrative report. All results are intended to be considered in their entirety, and ALS Environmental is not responsible for use of less than the complete report. Results apply only to the items submitted to the laboratory for analysis and individual items (samples) analyzed, as listed in the report. In accordance with the TNI 2016 Standard, a statement on the estimated uncertainty of measurement of any quantitative analysis will be supplied upon request.

Please contact me if you have any questions. My extension is 4406. You may also contact me via email at [Mandy.Sullivan@alsglobal.com](mailto:Mandy.Sullivan@alsglobal.com).

Respectfully submitted,

**ALS Group USA, Corp. dba ALS Environmental**

Mandy Sullivan  
Project Manager

ADDRESS 9143 Philips Highway, Suite 200, Jacksonville, FL 32256  
PHONE +1 904 739 2277 | FAX +1 904 739 2011  
ALS Group USA, Corp.  
dba ALS Environmental



## Narrative Documents

**ALS Environmental—Jacksonville Laboratory**  
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[www.alsglobal.com](http://www.alsglobal.com)



**Client:** Florida Department of Environmental Protection  
(DEP)  
**Project:** Nassau West  
**Sample Matrix:** Water

**Service Request:** J1906427

**Date Received:** 10/24/2019

#### **CASE NARRATIVE**

All analyses were performed consistent with the quality assurance program of ALS Environmental. This report contains analytical results for samples for the Tier I level requested by the client.

#### **Sample Receipt:**

Three water samples were received for analysis at ALS Environmental on 10/24/2019. Any discrepancies upon initial sample inspection are annotated on the sample receipt and preservation form included within this report. The samples were stored at minimum in accordance with the analytical method requirements.

#### **Microbiology:**

Method SM 9223 B: Sample(s) J1906427 (1-3) were removed from the incubator and read on 10/25/19 1423.

Approved by 

Date 10/29/2019

**SAMPLE DETECTION SUMMARY**

| CLIENT ID: 19010021 |  |  |  | Lab ID: J1906427-001 |  |  |
|---------------------|--|--|--|----------------------|--|--|
|---------------------|--|--|--|----------------------|--|--|

| Analyte          | Results | Flag | MDL | MRL | Units         | Method    |
|------------------|---------|------|-----|-----|---------------|-----------|
| Escherichia coli | 45.0    |      |     | 1.0 | MPN/100m<br>L | SM 9223 B |

| CLIENT ID: 19010023 |  |  |  | Lab ID: J1906427-002 |  |  |
|---------------------|--|--|--|----------------------|--|--|
|---------------------|--|--|--|----------------------|--|--|

| Analyte          | Results | Flag | MDL | MRL | Units         | Method    |
|------------------|---------|------|-----|-----|---------------|-----------|
| Escherichia coli | 236     |      |     | 1.0 | MPN/100m<br>L | SM 9223 B |

| CLIENT ID: 19010136 |  |  |  | Lab ID: J1906427-003 |  |  |
|---------------------|--|--|--|----------------------|--|--|
|---------------------|--|--|--|----------------------|--|--|

| Analyte          | Results | Flag | MDL | MRL | Units         | Method    |
|------------------|---------|------|-----|-----|---------------|-----------|
| Escherichia coli | 1990    |      |     | 1.0 | MPN/100m<br>L | SM 9223 B |



## Sample Receipt Information

**ALS Environmental—Jacksonville Laboratory**  
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[www.alsglobal.com](http://www.alsglobal.com)

**Client:** Florida Department of Environmental Protection (DEP)  
**Project:** Nassau West/RQ-2019-10-21-28

**Service Request:**J1906427

**SAMPLE CROSS-REFERENCE**

| <u>SAMPLE #</u> | <u>CLIENT SAMPLE ID</u> | <u>DATE</u> | <u>TIME</u> |
|-----------------|-------------------------|-------------|-------------|
| J1906427-001    | 19010021                | 10/24/2019  | 0925        |
| J1906427-002    | 19010023                | 10/24/2019  | 1030        |
| J1906427-003    | 19010136                | 10/24/2019  | 1130        |



## Cooler Receipt Form

Client: FL Dep Env ProtectService Request #: 11906427Project: Nassau West

Shipping paid by ALS?

Cooler received on 10/24/19 and opened on 10/24/19by LMYes No N/ACOURIER: ALS UPS FEDEX DHL Client Other \_\_\_\_\_

Airbill # \_\_\_\_\_

- 1 Were custody seals on outside of cooler? Yes No  
If yes, how many and where? #: \_\_\_\_\_ on lid other \_\_\_\_\_
- 2 Were seals intact and signature and date correct? Yes No N/A
- 3 Were custody papers properly filled out? Yes No N/A
- 4 Temperature of cooler(s) upon receipt (Should be 0°C and ≤ 6°C) 2.8
- 5 Thermometer ID 7188
- 6 Temperature Blank Present? Yes No
- 7 Were Ice or Ice Packs present Ice Ice Packs No
- 8 Did all bottles arrive in good condition (unbroken, etc....)? Yes No N/A
- 9 Type of packing material present Netting Vial Holder Bubble Wrap  
Paper Styrofoam Other N/A
- 10 Were all bottle labels complete (sample ID, preservation, etc....)? Yes No N/A
- 11 Did all bottle labels and tags agree with custody papers? Yes No N/A
- 12 Were the correct bottles used for the tests indicated? Yes No N/A
- 13 Were all of the preserved bottles received with the appropriate preservative?  
HNO3 pH<2 H2SO4 pH<2 ZnAc2/NaOH pH>9 NaOH pH>12 HCl pH<2  
Preservative additions noted below
- 14 Were all samples received within analysis holding times? Yes No N/A
- 15 Were VOA vials free of air bubbles greater than 6mm? If present, note below Yes No N/A
- 16 Where did the bottles originate? ALS Client

| Sample ID | Reagent | Lot # | ml added | Initials Date/Time |
|-----------|---------|-------|----------|--------------------|
|           |         |       |          |                    |
|           |         |       |          |                    |
|           |         |       |          |                    |
|           |         |       |          |                    |
|           |         |       |          |                    |
|           |         |       |          |                    |
|           |         |       |          |                    |
|           |         |       |          |                    |
|           |         |       |          |                    |
|           |         |       |          |                    |

Additional comments and/or explanation of all discrepancies noted above:

Client approval to run samples if discrepancies noted:

Date:

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| <b>Project Name</b><br>Nassau West                                                                                   |        | <b>Project Number</b><br>RQ-2019-10-21-28                                                    |      | <b>ANALYSIS REQUESTED (Include Method Number an</b>                                              |                                                                                                                                                    |                                                                                              |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  |                         |            |                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------|--|--|--|--|--|--|-------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------|--|
| <b>Report To</b><br>Jeremy Parrish                                                                                   |        | <b>Report CC</b><br>Dep-Overflow micro@dep.state.fl.us                                       |      | <b>Preservative</b>                                                                              |                                                                                                                                                    |                                                                                              |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  | <b>Preservative Key</b> |            |                                                                                                                             |  |
| <b>Company/Address</b><br>FIDEP - 8800 Baymeadows Way W<br>Jacksonville, FL 32256                                    |        |                                                                                              |      | <b>NUMBER OF CONTAINERS</b><br><br>E-Coli                                                        |                                                                                                                                                    |                                                                                              |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  |                         |            | 0. None<br>1. HCL<br>2. HNO3<br>3. H2SO4<br>4. NaOH<br>5. Zn. Acetate<br>6. MeOH<br>7. NaHSO4<br>8. Other<br><b>REMARKS</b> |  |
| <b>Phone #</b><br>904-256-1700                                                                                       |        | <b>FAX #</b>                                                                                 |      |                                                                                                  |                                                                                                                                                    |                                                                                              |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  |                         |            |                                                                                                                             |  |
| <b>Sampler's Signature</b><br>[Signature]                                                                            |        | <b>Sampler's Printed Name</b><br>Amy Kalmbacher                                              |      |                                                                                                  |                                                                                                                                                    |                                                                                              |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  |                         |            |                                                                                                                             |  |
| CLIENT SAMPLE ID                                                                                                     | LAB ID | SAMPLING DATE                                                                                | TIME | Matrix                                                                                           |                                                                                                                                                    |                                                                                              |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  |                         | Fresh<br>↓ |                                                                                                                             |  |
| 19010021                                                                                                             |        | 10-24                                                                                        | 0925 | SW                                                                                               | 2                                                                                                                                                  | ✓                                                                                            |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  |                         |            |                                                                                                                             |  |
| 19010023                                                                                                             |        | ↓                                                                                            | 1030 | ↓                                                                                                | 2                                                                                                                                                  | ✓                                                                                            |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  |                         |            |                                                                                                                             |  |
| 19010138                                                                                                             |        | ↓                                                                                            | 1130 | ↓                                                                                                | 2                                                                                                                                                  | ✓                                                                                            |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  |                         |            |                                                                                                                             |  |
| <b>Special Instructions/Comments:</b>                                                                                |        |                                                                                              |      |                                                                                                  | <b>TURNAROUND REQUIREMENTS</b><br>____ RUSH (SURCHARGES APPLY)<br>____ STANDARD<br><br>REQUESTED FAX DATE _____<br><br>REQUESTED REPORT DATE _____ |                                                                                              |  |                                                                                                  | <b>REPORT REQUIREMENTS</b><br>____ I. Results Only<br>____ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)<br>____ III. Results + QC and Calibration Summary<br>____ IV. Data Validation Report with Raw Data<br><br>Edata Yes No |                                                                                                       |  |  | <b>INVOICE INFORMATION</b><br>P.O. # _____<br>Bill to: _____<br>_____ |  |  |  |  |  |  |                         |            |                                                                                                                             |  |
| <b>SAMPLE RECEIPT: CONDITION/COOLER TEMP:</b> 2.86                                                                   |        |                                                                                              |      |                                                                                                  | <b>CUSTODY SEALS:</b> Y N                                                                                                                          |                                                                                              |  |                                                                                                  |                                                                                                                                                                                                                                             |                                                                                                       |  |  |                                                                       |  |  |  |  |  |  |                         |            |                                                                                                                             |  |
| <b>Relinquished By</b><br>Signature [Signature]<br>Printed Name Amy Kalmbacher<br>Firm FIDEP<br>Date/Time 10-24-2019 |        | <b>Received By</b><br>Signature _____<br>Printed Name _____<br>Firm _____<br>Date/Time _____ |      | <b>Relinquished By</b><br>Signature _____<br>Printed Name _____<br>Firm _____<br>Date/Time _____ |                                                                                                                                                    | <b>Received By</b><br>Signature _____<br>Printed Name _____<br>Firm _____<br>Date/Time _____ |  | <b>Relinquished By</b><br>Signature _____<br>Printed Name _____<br>Firm _____<br>Date/Time _____ |                                                                                                                                                                                                                                             | <b>Received By</b><br>Signature [Signature]<br>Printed Name Lev. M.<br>Firm ALS<br>Date/Time 10/24/19 |  |  |                                                                       |  |  |  |  |  |  |                         |            |                                                                                                                             |  |



## Miscellaneous Forms

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## **FLORIDA DEP DATA QUALIFIERS**

- B Results based upon colony counts outside the acceptable range.
- D Measurement was made in the field.
- H Value based on field kit determination; results may not be accurate.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- J Estimated value (one of the following reasons is discussed in the project case narrative).
1. The result may be inaccurate because the surrogate recovery limits have been exceeded.
  2. No known quality control criteria exists for the component.
  3. The reported value failed to meet the established quality control criteria for either precision or accuracy.
  4. The sample matrix interfered with the ability to make any accurate determination (e.g., primary and confirmation results show greater than 40% RPD).
  5. The data is questionable because of improper laboratory or field protocols (e.g., GC/MS Tune did not meet method criteria).
- K Off scale low. The value is less than the lowest calibration standard but greater than the method reporting limit (MRL).
- L Off scale high. The analyte is above the upper limit of the linear calibration range.
- M The MDL/MRL has been elevated because the analyte could not be accurately quantified due to matrix interference.
- N Presumptive evidence of the analyte. Confirmation was not performed.
- Q Sample held beyond the accepted holding time.
- T Value reported is less than the laboratory method detection limit. The value is reported for informational purposes only.
- U Indicates that the compound was analyzed for but not detected.
- V Indicates that the analyte was detected in both the sample and the associated method blank.
- Y The laboratory analysis was from an improperly preserved sample.
- Z Too many colonies were present (TNTC). The numeric value represents the filtration volume.



**Jacksonville Lab ID # for State Certifications<sup>1</sup>**

| <b>Agency</b>                                                  | <b>Number</b>    | <b>Expiration Date</b> |
|----------------------------------------------------------------|------------------|------------------------|
| Department of Defense                                          | 66206            | 6/30/2020              |
| Florida Department of Health                                   | E82502           | 6/30/2020              |
| Georgia Department of Natural Resources                        | 958              | 6/30/2020              |
| Kentucky Division of Waste Management                          | 123042           | 6/30/2020              |
| Louisiana Department of Environmental Quality                  | 02086            | 6/30/2020              |
| Maine Department of Health and Human Services                  | 2019004          | 2/3/2021               |
| New York State Department of Health                            | 12113            | 4/1/2020               |
| North Carolina Department of Environment and Natural Resources | 527              | 12/31/2019             |
| South Carolina Department of Health and Environmental Control  | 96021001         | 6/30/2019              |
| Texas Commission on Environmental Quality                      | T104704197-19-12 | 5/31/2020              |
| Virginia Environmental Accreditation Program                   | 460191           | 12/14/2019             |

<sup>1</sup> Analyses were performed according to our laboratory's NELAP-approved quality assurance program and any applicable state or agency requirements. The test results meet requirements of the current NELAP/TNI standards or state or agency requirements, where applicable, except as noted in the laboratory case narrative provided. For a specific list of accredited analytes, refer to <http://www.alsglobal.com/en/Our-Services/Life-Sciences/Environmental/Downloads/North-America-Downloads>



## **ACRONYMS**

|            |                                                                                                                                          |
|------------|------------------------------------------------------------------------------------------------------------------------------------------|
| ASTM       | American Society for Testing and Materials                                                                                               |
| A2LA       | American Association for Laboratory Accreditation                                                                                        |
| CARB       | California Air Resources Board                                                                                                           |
| CAS Number | Chemical Abstract Service registry Number                                                                                                |
| CFC        | Chlorofluorocarbon                                                                                                                       |
| CFU        | Colony-Forming Unit                                                                                                                      |
| DEC        | Department of Environmental Conservation                                                                                                 |
| DEQ        | Department of Environmental Quality                                                                                                      |
| DHS        | Department of Health Services                                                                                                            |
| DOE        | Department of Ecology                                                                                                                    |
| DOH        | Department of Health                                                                                                                     |
| EPA        | U. S. Environmental Protection Agency                                                                                                    |
| ELAP       | Environmental Laboratory Accreditation Program                                                                                           |
| GC         | Gas Chromatography                                                                                                                       |
| GC/MS      | Gas Chromatography/Mass Spectrometry                                                                                                     |
| LUFT       | Leaking Underground Fuel Tank                                                                                                            |
| M          | Modified                                                                                                                                 |
| MCL        | Maximum Contaminant Level is the highest permissible concentration of a substance allowed in drinking water as established by the USEPA. |
| MDL        | Method Detection Limit                                                                                                                   |
| MPN        | Most Probable Number                                                                                                                     |
| MRL        | Method Reporting Limit                                                                                                                   |
| NA         | Not Applicable                                                                                                                           |
| NC         | Not Calculated                                                                                                                           |
| NCASI      | National Council of the Paper Industry for Air and Stream Improvement                                                                    |
| ND         | Not Detected                                                                                                                             |
| NIOSH      | National Institute for Occupational Safety and Health                                                                                    |
| PQL        | Practical Quantitation Limit                                                                                                             |
| RCRA       | Resource Conservation and Recovery Act                                                                                                   |
| SIM        | Selected Ion Monitoring                                                                                                                  |
| TPH        | Total Petroleum Hydrocarbons                                                                                                             |
| tr         | Trace level is the concentration of an analyte that is less than the PQL but greater than or equal to the MDL.                           |

**ALS Group USA, Corp.**

dba ALS Environmental

## Analyst Summary report

**Client:** Florida Department of Environmental Protection (DEP)  
**Project:** Nassau West/RQ-2019-10-21-28

**Service Request:** J1906427

**Sample Name:** 19010021  
**Lab Code:** J1906427-001  
**Sample Matrix:** Water

**Date Collected:** 10/24/19**Date Received:** 10/24/19

**Analysis Method**  
SM 9223 B

**Extracted/Digested By**

**Analyzed By**  
ASOTO

**Sample Name:** 19010023  
**Lab Code:** J1906427-002  
**Sample Matrix:** Water

**Date Collected:** 10/24/19**Date Received:** 10/24/19

**Analysis Method**  
SM 9223 B

**Extracted/Digested By**

**Analyzed By**  
ASOTO

**Sample Name:** 19010136  
**Lab Code:** J1906427-003  
**Sample Matrix:** Water

**Date Collected:** 10/24/19**Date Received:** 10/24/19

**Analysis Method**  
SM 9223 B

**Extracted/Digested By**

**Analyzed By**  
ASOTO



## Sample Results

**ALS Environmental—Jacksonville Laboratory**  
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## Microbiology

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Analytical Report

**Client:** Florida Department of Environmental Protection (DEP)  
**Project:** Nassau West/RQ-2019-10-21-28  
**Sample Matrix:** Water  
**Sample Name:** 19010021  
**Lab Code:** J1906427-001

**Service Request:** J1906427  
**Date Collected:** 10/24/19 09:25  
**Date Received:** 10/24/19 12:50  
**Basis:** NA

General Chemistry Parameters

| Analyte Name     | Analysis Method | Result | Units     | MRL | Dil. | Date Analyzed  | Q |
|------------------|-----------------|--------|-----------|-----|------|----------------|---|
| Escherichia coli | SM 9223 B       | 45.0   | MPN/100mL | 1.0 | 1    | 10/24/19 14:16 |   |

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Analytical Report

**Client:** Florida Department of Environmental Protection (DEP)  
**Project:** Nassau West/RQ-2019-10-21-28  
**Sample Matrix:** Water  
**Sample Name:** 19010023  
**Lab Code:** J1906427-002

**Service Request:** J1906427  
**Date Collected:** 10/24/19 10:30  
**Date Received:** 10/24/19 12:50  
**Basis:** NA

General Chemistry Parameters

| Analyte Name     | Analysis Method | Result | Units     | MRL | Dil. | Date Analyzed  | Q |
|------------------|-----------------|--------|-----------|-----|------|----------------|---|
| Escherichia coli | SM 9223 B       | 236    | MPN/100mL | 1.0 | 1    | 10/24/19 14:16 |   |

ALS Group USA, Corp.  
dba ALS Environmental

Analytical Report

**Client:** Florida Department of Environmental Protection (DEP)  
**Project:** Nassau West/RQ-2019-10-21-28  
**Sample Matrix:** Water  
**Sample Name:** 19010136  
**Lab Code:** J1906427-003

**Service Request:** J1906427  
**Date Collected:** 10/24/19 11:30  
**Date Received:** 10/24/19 12:50  
**Basis:** NA

General Chemistry Parameters

| Analyte Name     | Analysis Method | Result | Units     | MRL | Dil. | Date Analyzed  | Q |
|------------------|-----------------|--------|-----------|-----|------|----------------|---|
| Escherichia coli | SM 9223 B       | 1990   | MPN/100mL | 1.0 | 1    | 10/24/19 14:16 |   |



## QC Summary Forms

**ALS Environmental - Jacksonville Laboratory**  
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## Microbiology

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Analytical Report

**Client:** Florida Department of Environmental Protection (DEP)  
**Project:** Nassau West/RQ-2019-10-21-28  
**Sample Matrix:** Water  
**Sample Name:** Method Blank  
**Lab Code:** J1906427-MB

**Service Request:** J1906427  
**Date Collected:** NA  
**Date Received:** NA  
**Basis:** NA

General Chemistry Parameters

| Analyte Name     | Analysis Method | Result | Units     | MRL | Dil. | Date Analyzed  | Q |
|------------------|-----------------|--------|-----------|-----|------|----------------|---|
| Escherichia coli | SM 9223 B       | 1.0 U  | MPN/100mL | 1.0 | 1    | 10/24/19 14:16 |   |