



Advanced Environmental Laboratories, Inc
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October 31, 2019

Michael Linger
Department of Environmental Protection
3319 Maguire Blvd
Suite 232
Orlando, FL 32803

RE: Workorder: A1909126 SMP

Dear Michael Linger:

Enclosed are the analytical results for sample(s) received by the laboratory on Thursday, October 24, 2019. 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,

Brandon O'Hara

Brandon O'Hara - Lab Manager
BOhara@AELLab.com

Enclosures

Report ID: 913984 - 1650588

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SAMPLE SUMMARY

Workorder: A1909126 SMP

Lab ID	Sample ID	Matrix	Date Collected	Date Received
A1909126001	G4CE0167	Water	10/24/2019 10:34	10/24/2019 12:35

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ANALYTICAL RESULTS

Workorder: A1909126 SMP

Lab ID: **A1909126001**

Date Received: 10/24/19 12:35 Matrix: Water

Sample ID: **G4CE0167**

Date Collected: 10/24/19 10:34

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	120	1,B	#/100 mL	20	20	20	10/24/2019 15:27	A

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ANALYTICAL RESULTS QUALIFIERS

Workorder: A1909126 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.
- B Results based upon colony counts outside the acceptable range.
- [1] Time In Incubator #1: 10/24/19 15:27
Time Out Incubator #1: 10/24/19 17:20
Time In Incubator #2: 10/24/19 17:20
Time Out Incubator #2: 10/25/19 15:00

LAB QUALIFIERS

- A DOH Certification #E53076(AEL-A)(FL NELAC Certification)

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Workorder: A1909126 SMP

Lab ID	Sample ID	Prep Method	Prep Batch	Analysis Method	Analysis Batch
A1909126001	G4CE0167			EPA 1603	MICa/1585

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Gainesville: 4965 SW 41st Blvd. • Gainesville
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Miramar: 10200 USA Today Way • Miramar,
Tallahassee: 2639 North Monroe Street, Su
Tampa: 9610 Princess Palm Ave. • Tampa, FL



* A 1 9 0 9 1 2 6 *

ax 407.937.1597

3275

Client Name: FDEP		Project Name: SMP		BOTTLE SIZE & TYPE														LABORATORY I.D. NUMBER											
Address: 3319 Maguire Blvd		P.O. Number or Project Number: B5A496																											
Orlando, FL 32803		FDEP Facility No:																											
Phone: 407-897-4100		Project Address:																											
FAX:		Special Instructions:																											
Contact: Mike Linger		RQ-2019-10-28-60		ANALYSIS REQUIRED		E Coli																							
Sampled By: Mike Linger																													
Turn Around Time: ☒ STANDARD ☐ RUSH																													
Page: <u>1</u> of <u>1</u>		☐ ADaPT ☐ EQuIS ☐ Other		PRESERVATION		Ice																							
SAMPLE ID		SAMPLE DESCRIPTION																Grab Comp		SAMPLING		MATRIX		NO. COUNT					
																				DATE		TIME							
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															
														Temperature when received <u>4</u> (in degrees celcius)															
DCN: AD-051 Form last revised 04/30/2015														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		FOR DRINKING WATER USE:													
1 <i>[Signature]</i>				10/24		12:35		2 <i>[Signature]</i>				10/24/19		12:35															
2								3																					
3								4																					
4																													
PWS ID: _____														Contact Person: _____ Phone: _____															
Supplier of Water: _____														Site-Address: _____															