



July 22, 2020

Service Request No:J2003715

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

**Laboratory Results for: FDEP-NE ROC**

Dear Mr.Parrish,

Enclosed are the results of the sample(s) submitted to our laboratory July 20, 2020  
For your reference, these analyses have been assigned our service request number **J2003715**.

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.

Respectfully submitted,

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

Candice Turner  
Project Management  
Assistant

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**  
9143 Philips Highway, Suite 200, Jacksonville, FL 32256  
Phone (904) 739-2277 Fax (904) 739-2011  
[www.alsglobal.com](http://www.alsglobal.com)



**Client:** Florida Department of Environmental Protection  
(DEP)  
**Project:** FDEP-NE ROC  
**Sample Matrix:** Water

**Service Request:** J2003715

**Date Received:** 07/20/2020

#### **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 07/20/2020. 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 ASTM D6503-99: Sample(s) J2003715-002 was removed from the incubator and read on 7/21/20 1557.

Method SM 9223 B: Sample(s) J2003715 (1-3) were removed from the incubator and read on 7/21/20 1556.

Approved by CanDice Turner

Date 07/22/2020

**SAMPLE DETECTION SUMMARY****CLIENT ID: 20030068** **Lab ID: J2003715-001**

| Analyte          | Results | Flag | MDL | MRL | Units         | Method    |
|------------------|---------|------|-----|-----|---------------|-----------|
| Escherichia coli | 1200    |      |     | 1.0 | MPN/100m<br>L | SM 9223 B |

**CLIENT ID: 20030809** **Lab ID: J2003715-002**

| Analyte          | Results | Flag | MDL | MRL | Units         | Method        |
|------------------|---------|------|-----|-----|---------------|---------------|
| Enterococcus     | 285     |      |     | 10  | MPN/100m<br>L | ASTM D6503-99 |
| Escherichia coli | 4350    |      |     | 10  | MPN/100m<br>L | SM 9223 B     |

**CLIENT ID: 20030872** **Lab ID: J2003715-003**

| 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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**Client:** Florida Department of Environmental Protection (DEP)  
**Project:** FDEP-NE ROC/RQ-2020-07-20-22

**Service Request:**J2003715

**SAMPLE CROSS-REFERENCE**

| <u>SAMPLE #</u> | <u>CLIENT SAMPLE ID</u> | <u>DATE</u> | <u>TIME</u> |
|-----------------|-------------------------|-------------|-------------|
| J2003715-001    | 20030068                | 7/20/2020   | 1015        |
| J2003715-002    | 20030809                | 7/20/2020   | 1110        |
| J2003715-003    | 20030872                | 7/20/2020   | 1145        |

**Cooler Receipt Form**

Client: FDEP Service Request #: 32003715  
 Project: FDEP-NE ROC  
 Shipment received on 7/20 and opened on 7/20 by BB Shipping paid by ALS? Yes ☒ No ☐ N/A  
 COURIER: ALS UPS FEDEX DHL ☒ Client Other \_\_\_\_\_ Airbill # \_\_\_\_\_

**Packing Conditions**

Custody seals on outside of cooler?

Yes

No ☒

If yes, how many and where?

#: \_\_\_\_\_

on:

lid

other

Were seals intact and signature and date correct?

Yes

No

N/A ☒

Temperature of cooler(s) upon receipt (0-6°C)

00°C

Thermometer ID

1200

Temperature Blank Present?

Yes

No ☒

Temperature preservation?

Ice

Ice Packs

None

Type of packing material present

Bubble Wrap

Netting

Paper

Vial Holder

Styrofoam

Other

N/A ☒

**Sample Conditions**

If No for any items below, note discrepancies in comments section.

COC properly filled out?

Yes ☒

No

Didn't arrive

Where did the containers originate?

ALS

Client ☒

All containers arrive in good condition?

Yes ☒

No

All container labels complete?

Yes ☒

No

All container labels agree with custody papers?

Yes ☒

No

N/A

Any samples with unusual characteristics?

Typical

Exceptional

All samples received with sufficient volume?

Yes ☒

No

Correct containers used for the tests indicated?

Yes ☒

No

N/A

All containers received with the appropriate preservative?

Yes ☒

No

N/A ☒

All samples received within analysis holding times?

Yes ☒

No

N/A

VOA vials free of air bubbles greater than 6mm?

Yes ☒

No

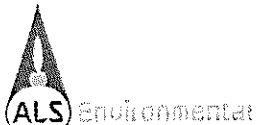
N/A ☒

| Sample ID | Reagent | Lot # | Exp. Date | mL added | Initials Date/Time |
|-----------|---------|-------|-----------|----------|--------------------|
|           |         |       |           |          |                    |
|           |         |       |           |          |                    |
|           |         |       |           |          |                    |
|           |         |       |           |          |                    |
|           |         |       |           |          |                    |
|           |         |       |           |          |                    |
|           |         |       |           |          |                    |
|           |         |       |           |          |                    |
|           |         |       |           |          |                    |

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

Client approval to run samples if discrepancies noted:

Date:



## CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

J2003715

Florida DEP  
FDEP-NE ROC

5



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Page \_\_\_\_\_

|                                                                                   |        |                                            |      |                                                                                                                               |        |                          |   |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  |         |       |  |
|-----------------------------------------------------------------------------------|--------|--------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|-------------------------------------------|--|--|--|--|--|--|--|--|---------|-------|--|
| Client Name<br>FDEP-NE ROC                                                        |        | Project Number<br>RQ-2020- 07-20-22        |      | ANALYSIS REQUESTED (Include Method Number)                                                                                    |        |                          |   |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  |         |       |  |
| Report To<br>Dep-Overflowmicro@dep.state.fl.us                                    |        | Report CC                                  |      | NUMBER OF CONTAINERS                                                                                                          | E.Coli | Enterococci              |   |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  |         |       |  |
| Company/Address<br>8800 Baymeadows Way W<br>Jacksonville, FL 32256                |        |                                            |      |                                                                                                                               |        |                          |   |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  |         |       |  |
| Phone #<br>904-256-1700                                                           |        | FAX #                                      |      |                                                                                                                               |        |                          |   |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  |         |       |  |
| Sampler's Signature<br>Kelly McDonald                                             |        | Sampler's Printed Name<br>Kelly A McDonald |      |                                                                                                                               |        |                          |   |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  |         |       |  |
| CLIENT SAMPLE ID                                                                  | LAB ID | SAMPLING DATE TIME                         |      | Matrix                                                                                                                        |        |                          |   |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  | REMARKS |       |  |
| 20030068                                                                          |        | 7/20                                       | 1015 | SW                                                                                                                            | 1      | X                        |   |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  |         | Fresh |  |
| 20030809                                                                          |        |                                            | 1110 |                                                                                                                               | 2      | X                        | X |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  |         | Salt  |  |
| 20030872                                                                          |        |                                            | 1145 |                                                                                                                               | 1      | X                        |   |                                                                                                                                                                                                                |  |                          |  |                                           |  |  |  |  |  |  |  |  |         | Fresh |  |
| Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us |        |                                            |      | TURNAROUND REQUIREMENTS<br>RUSH (SURCHARGES APPLY)<br>X STANDARD<br>REQUESTED FAX DATE<br>N/A<br>REQUESTED REPORT DATE<br>N/A |        |                          |   | REPORT REQUIREMENTS<br>I. Results Only<br>II. Results + QC Summaries (LCS, DUP, MS/MSD as required)<br>III. Results + QC and Calibration Summaries<br>IV. Data Validation Report with Raw Data<br>Edata Yes No |  |                          |  | INVOICE INFORMATION<br>P.O. #<br>Bill to: |  |  |  |  |  |  |  |  |         |       |  |
| Relinquished By<br>Signature<br>Kelly McDonald                                    |        | Signature<br>Dennis Brock                  |      | Relinquished By<br>Signature                                                                                                  |        | Received By<br>Signature |   | Relinquished By<br>Signature                                                                                                                                                                                   |  | Received By<br>Signature |  |                                           |  |  |  |  |  |  |  |  |         |       |  |
| Printed Name<br>Kelly McDonald                                                    |        | Printed Name<br>Dennis Brock               |      | Printed Name                                                                                                                  |        | Printed Name             |   | Printed Name                                                                                                                                                                                                   |  | Printed Name             |  |                                           |  |  |  |  |  |  |  |  |         |       |  |
| Firm<br>FDEP NE ROC                                                               |        | Firm<br>H2L                                |      | Firm                                                                                                                          |        | Firm                     |   | Firm                                                                                                                                                                                                           |  | Firm                     |  |                                           |  |  |  |  |  |  |  |  |         |       |  |
| Date/Time<br>7/20/2020 1305                                                       |        | Date/Time<br>7/20/20 1305                  |      | Date/Time                                                                                                                     |        | Date/Time                |   | Date/Time                                                                                                                                                                                                      |  | Date/Time                |  |                                           |  |  |  |  |  |  |  |  |         |       |  |



## 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>

| Agency                                                         | Number           | Expiration Date |
|----------------------------------------------------------------|------------------|-----------------|
| Florida Department of Health                                   | E82502           | 6/30/2021       |
| Georgia Department of Natural Resources                        | 958              | 6/30/2021       |
| Kentucky Division of Waste Management                          | 123042           | 6/30/2021       |
| Louisiana Department of Environmental Quality                  | 02086            | 6/30/2020       |
| Maine Department of Health and Human Services                  | FL01294          | 2/3/2021        |
| New York State Department of Health                            | 121113           | 4/1/2021        |
| North Carolina Department of Environment and Natural Resources | 527              | 12/31/2020      |
| South Carolina Department of Health and Environmental Control  | 96021001         | 6/30/2020       |
| Texas Commission on Environmental Quality                      | T104704197-20-13 | 5/31/2021       |
| Virginia Environmental Accreditation Program                   | 460191           | 12/14/2020      |

<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:** FDEP-NE ROC/RQ-2020-07-20-22

**Service Request:** J2003715

**Sample Name:** 20030068  
**Lab Code:** J2003715-001  
**Sample Matrix:** Water

**Date Collected:** 07/20/20**Date Received:** 07/20/20

**Analysis Method**  
SM 9223 B

**Extracted/Digested By**

**Analyzed By**  
ASOTO

**Sample Name:** 20030809  
**Lab Code:** J2003715-002  
**Sample Matrix:** Water

**Date Collected:** 07/20/20**Date Received:** 07/20/20

**Analysis Method**  
ASTM D6503-99  
SM 9223 B

**Extracted/Digested By**

**Analyzed By**  
ASOTO  
ASOTO

**Sample Name:** 20030872  
**Lab Code:** J2003715-003  
**Sample Matrix:** Water

**Date Collected:** 07/20/20**Date Received:** 07/20/20

**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:** FDEP-NE ROC/RQ-2020-07-20-22  
**Sample Matrix:** Water  
**Sample Name:** 20030809  
**Lab Code:** J2003715-002

**Service Request:** J2003715  
**Date Collected:** 07/20/20 11:10  
**Date Received:** 07/20/20 13:05  
**Basis:** NA

General Chemistry Parameters

| Analyte Name     | Analysis Method | Result | Units     | MRL | Dil. | Date Analyzed  | Q |
|------------------|-----------------|--------|-----------|-----|------|----------------|---|
| Enterococcus     | ASTM D6503-99   | 285    | MPN/100mL | 10  | 10   | 07/20/20 15:08 |   |
| Escherichia coli | SM 9223 B       | 4350   | MPN/100mL | 10  | 10   | 07/20/20 14:57 |   |

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dba ALS Environmental

Analytical Report

**Client:** Florida Department of Environmental Protection (DEP)  
**Project:** FDEP-NE ROC/RQ-2020-07-20-22  
**Sample Matrix:** Water  
**Sample Name:** 20030068  
**Lab Code:** J2003715-001

**Service Request:** J2003715  
**Date Collected:** 07/20/20 10:15  
**Date Received:** 07/20/20 13:05  
**Basis:** NA

General Chemistry Parameters

| Analyte Name     | Analysis Method | Result | Units     | MRL | Dil. | Date Analyzed  | Q |
|------------------|-----------------|--------|-----------|-----|------|----------------|---|
| Escherichia coli | SM 9223 B       | 1200   | MPN/100mL | 1.0 | 1    | 07/20/20 14:57 |   |

ALS Group USA, Corp.  
dba ALS Environmental

Analytical Report

**Client:** Florida Department of Environmental Protection (DEP)  
**Project:** FDEP-NE ROC/RQ-2020-07-20-22  
**Sample Matrix:** Water  
**Sample Name:** 20030872  
**Lab Code:** J2003715-003

**Service Request:** J2003715  
**Date Collected:** 07/20/20 11:45  
**Date Received:** 07/20/20 13:05  
**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    | 07/20/20 14:57 |   |



## 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:** FDEP-NE ROC/RQ-2020-07-20-22  
**Sample Matrix:** Water  
**Sample Name:** Method Blank  
**Lab Code:** J2003715-MB

**Service Request:** J2003715  
**Date Collected:** NA  
**Date Received:** NA  
**Basis:** NA

General Chemistry Parameters

| Analyte Name | Analysis Method | Result | Units     | MRL | Dil. | Date Analyzed  | Q |
|--------------|-----------------|--------|-----------|-----|------|----------------|---|
| Enterococcus | ASTM D6503-99   | 1.0 U  | MPN/100mL | 1.0 | 1    | 07/20/20 15:08 |   |