



**DIVERSIFIED**  
ENVIRONMENTAL LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

Project Number:  
(Lab Use Only)

220613.05

3653 Regent Boulevard, Suite # 509  
Jacksonville, FL 32224  
P. (904) 807-9625 E. info@delllab.com  
F. (904) 807-9627

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|                        |                            |                                                |              |                    |                    |                                           |      |                 |                      |                                                                                                                        |                                  |                                                                                            |  |
|------------------------|----------------------------|------------------------------------------------|--------------|--------------------|--------------------|-------------------------------------------|------|-----------------|----------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------|--|
| Company Name           |                            | Florida Department of Environmental Protection |              |                    |                    | Container Information (Qty, Size, & Type) |      |                 |                      | Sample Matrix Codes:                                                                                                   |                                  |                                                                                            |  |
| Address                |                            | 8800 Baymeadows Way West                       |              |                    |                    | NPW                                       |      |                 |                      | A. Air P. Petroleum<br>B. Bulk S. Soil/Sludge<br>W. Wipe O. Other<br>PW. Potable Water<br>NPW. Non-Potable Water       |                                  |                                                                                            |  |
| City                   |                            | Day                                            |              | State FL Zip 32256 |                    | Container Preservation Codes              |      |                 |                      | Sample Kit or Container Lot #                                                                                          |                                  |                                                                                            |  |
| Attn.                  |                            | Rep over the micro Saturday. State Fl. VS      |              |                    |                    |                                           |      |                 |                      |                                                                                                                        |                                  |                                                                                            |  |
| Tel.                   |                            | E-mail or Fax                                  |              |                    |                    |                                           |      |                 |                      |                                                                                                                        |                                  |                                                                                            |  |
| Project Name           |                            | V1cano Boat                                    |              |                    |                    | Parameters                                |      |                 |                      | Preservation Codes:                                                                                                    |                                  |                                                                                            |  |
| Project Number         |                            | 2022-05-23-09                                  |              |                    |                    |                                           |      |                 |                      | 0. None 5. Na2S2O3<br>1. H2SO4 6. Crushed Ice (4C)<br>2. HNO3 7. G8H8O6<br>3. HCl 8. NH4Cl<br>4. NaOH 9. Other: (List) |                                  |                                                                                            |  |
| Project Location       |                            |                                                |              |                    |                    |                                           |      |                 |                      | Thermal Preservation:                                                                                                  |                                  |                                                                                            |  |
| Sampler Name/Signature |                            | Gary Pan                                       |              |                    |                    |                                           |      |                 |                      | In Crushed Ice? (Yes) No<br>Cooler Temp: 0.3 °C<br>Sample Cont. Temp: 1.7 °C                                           |                                  |                                                                                            |  |
| Transfer #             | Sample #<br>(Lab Use Only) | Sample Identification                          | Date Sampled | Time Sampled       | Sample Matrix Code | Specific Cond. (Field)                    | Comp | Grab            | E. Coli - Quantitray | Enterococci - Quantitray                                                                                               | Coliform, Fecal - MF 3 Dilutions | Turnaround Requested:                                                                      |  |
| 1                      | 59037                      | 27010968                                       | 6/13/22      | 1005               | NPW                | 54414                                     |      | X               | X                    | X                                                                                                                      | X                                | X Standard (10 Business Days)                                                              |  |
| 2                      | 59038                      | 27010010                                       |              | 1035               |                    | 54240                                     |      |                 | X                    | X                                                                                                                      | X                                | Semi-Rush (3-5 Business Days)                                                              |  |
| 3                      | 59039                      | 65NE0587                                       |              | 1105               |                    | 54906                                     |      |                 | X                    | X                                                                                                                      | X                                | Rush (1-2 Business Days)                                                                   |  |
| 4                      | 59040                      | 27010138                                       |              | 1135               |                    | 55568                                     |      |                 | X                    | X                                                                                                                      | X                                | Turnaround times are estimated & subject to change. Surcharges apply for all Rush samples. |  |
| 5                      |                            |                                                |              |                    |                    |                                           |      |                 |                      |                                                                                                                        |                                  | Billing Information:                                                                       |  |
| 6                      |                            |                                                |              |                    |                    |                                           |      |                 |                      |                                                                                                                        |                                  | Invoice with Report                                                                        |  |
| 7                      |                            |                                                |              |                    |                    |                                           |      |                 |                      |                                                                                                                        |                                  | Invoice to Accounting                                                                      |  |
| 8                      |                            |                                                |              |                    |                    |                                           |      |                 |                      |                                                                                                                        |                                  | Req #:                                                                                     |  |
| 9                      |                            |                                                |              |                    |                    |                                           |      |                 |                      |                                                                                                                        |                                  | P.O. #:                                                                                    |  |
| 0                      |                            |                                                |              |                    |                    |                                           |      |                 |                      |                                                                                                                        |                                  | BARC4A                                                                                     |  |
| Special Instructions:  |                            |                                                |              |                    |                    | Relinquished By                           |      | Date / Time     |                      | Received By                                                                                                            |                                  | Date / Time                                                                                |  |
|                        |                            |                                                |              |                    |                    | Gary Pan                                  |      | 6/13/22 1349 DC |                      | VC                                                                                                                     |                                  | 06/13/22 1349                                                                              |  |



Certification #E821059

Lab General Form 059, Rev. #1, Rev. Date: 02/07/22, Effective Date: 02/07/22.

Visit us online & order kits at: www.delllab.com

# Project Login Form

DELI Project Number: 220613.05 Client Name: Florida Department of Environmental Protection

Date Received: 06/13/22 Received by: DJV PLF Completed by: DJV

## Courier/Shipper Information:

☒ Client ☐ DEL, Inc. ☐ Other (describe) \_\_\_\_\_

## Type & Number of Shipping Containers:

| # | Shipping Container Description | Crushed Ice | Cooler/Ice Temp. (°C) | Sample Cont. Temp. (°C) |
|---|--------------------------------|-------------|-----------------------|-------------------------|
| 1 | (Cooler) Box Other:            | (Yes) No    | 0.3                   | 1.7                     |
| 2 | Cooler Box Other:              | Yes No      |                       |                         |
| 3 | Cooler Box Other:              | Yes No      |                       |                         |

Note: If thermal preservation was used/required, pick a sample container from each cooler and use the IR gun to measure the sample temperature.

Therm Inv. #: 0421 IR Gun Inv. #: 0332

## Other Information Checklist:

|                                                                                          | YES                                 | NO                                  | NA                                  |
|------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 Were custody seals used for shipping containers(s)?                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2 If Yes, were the custody seals intact? If no, see comments below.                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 Were custody seals used for sample containers(s)?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4 If Yes, were the custody seals intact? If no, see comments below.                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 Did custody papers accompany samples? (such as COC, specifics, etc.)                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6 Were the custody papers properly filled out?                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7 Were the sample containers received in good condition? (If no, see comments)           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8 Were the sample container labels properly filled out? (date, time, preservation, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9 Were the labels on the sample containers and custody papers consistent?                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10 Were the samples in the correct containers for analysis?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 11 Were the correct preservations used for each sample container according to analysis?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 12 Were the samples received within the appropriate holding times?                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 13 Were pH preservation checks made?                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14 Were the sample containers provided by DEL, Inc.?                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15 Was this a sample kit provided by DEL, Inc.? If Yes, DEL, Inc. Kit #: <u>NA</u>       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16 Were the VOA vials free of headspace? (No bubbles present)                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Are the samples acceptable for analysis? Yes If yes, proceed with login. If no, notify client immediately and list rejection reasons in comments area below. Also, please take any needed further action for rejected sample(s).

## Container Preservation Check:

Note: VOA vials will not be checked for pH at sample login. The testing laboratory will perform that check during analysis. The pH of microbiological samples will not be checked, due to the risk of contamination. The pH of Oil & Grease samples will not be checked during sample login, due to the potential loss of product. If adding a preservative to a sample after receiving it at the laboratory, the date and time the preservative was added must be documented below.

| DELI Sample # | Parameters     | Cooler/ Container # | pH upon receipt | Preservative added after pH check? | If Yes, which preservative was added? (Incl. Vol.) | Preservative Lot # | New pH value | Sample container size & type? |
|---------------|----------------|---------------------|-----------------|------------------------------------|----------------------------------------------------|--------------------|--------------|-------------------------------|
| 59037         | Enterococci QT | ↓                   | -               | Yes / (No)                         | -                                                  | -                  | -            | 250 mL P                      |
| ↓             | Fecal Coliform | ↓                   | -               | Yes / (No)                         | -                                                  | -                  | -            | 250 mL P                      |
| 59038         | Enterococci QT | ↓                   | -               | Yes / (No)                         | -                                                  | -                  | -            | 250 mL P                      |
| ↓             | Fecal Coliform | ↓                   | -               | Yes / (No)                         | -                                                  | -                  | -            | 250 mL P                      |
| 59039         | Enterococci QT | ↓                   | -               | Yes / (No)                         | -                                                  | -                  | -            | 250 mL P                      |
| 59040         | Enterococci QT | ↓                   | -               | Yes / (No)                         | -                                                  | -                  | -            | 250 mL P                      |
| ↓             | Fecal Coliform | ↓                   | -               | Yes / (No)                         | -                                                  | -                  | -            | 250 mL P                      |
|               |                |                     |                 | Yes / No                           |                                                    |                    |              |                               |
|               |                |                     |                 | Yes / No                           |                                                    |                    |              |                               |
|               |                |                     |                 | Yes / No                           |                                                    |                    |              |                               |

P = Plastic; G = Glass; AG = Amber Glass; TL = Teflon Lid; WM = Wide Mouth

☐ Sample preservation added upon receiving

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

## Comments:



June 28, 2022

Florida Department of Environmental Protection  
8800 Baymeadows Way West  
Jacksonville, FL 32256

Re: DELI Project Number: **220613.05**  
Client PO Number: **BABC4A**  
Client Project Description: **Vilano Boat; 2022-05-23-09**

Enclosed is the report of laboratory analysis for the following sample(s):

| Sample Number | Sample Description | Date/Time Collected | Date/Time Received |
|---------------|--------------------|---------------------|--------------------|
| 59037         | 27010968           | 06/13/2022 10:05    | 06/13/2022 13:49   |
| 59038         | 27010010           | 06/13/2022 10:35    | 06/13/2022 13:49   |
| 59039         | G5NE0587           | 06/13/2022 11:05    | 06/13/2022 13:49   |
| 59040         | 27010138           | 06/13/2022 11:35    | 06/13/2022 13:49   |

If you have any questions or comments concerning this laboratory report, please do not hesitate to contact us.

Sincerely,

Franklin A. Risk, Jr.  
Laboratory Director

Enclosures

This laboratory report consists of a cover page, case narrative page and report page. There may be multiple pages of each. The pages are numbered accordingly. The report may also contain chain of custody forms, project log in forms, QA/QC reports and client worksheets if applicable. The results herein relate only to the items tested or to the samples as received by the laboratory. The report shall not be reproduced except in full, without the written approval of the laboratory. All samples will be disposed of within 30 days of receipt, unless a written request to retain the samples longer is received. All samples referenced in this laboratory report are considered to be environmental samples. The case narrative will contain comments and or notes regarding the samples and analyses.

Cover Page 1 of 1

**NELAP #E821059**

Diversified Environmental Laboratories, Inc.  
3653 Regent Boulevard  
Suite 509  
Jacksonville, FL 32224



Phone 904.807.9625  
Fax 904.807.9627  
Email [info@delilab.com](mailto:info@delilab.com)  
Web [www.delilab.com](http://www.delilab.com)



## Case Narrative

June 28, 2022

Florida Department of Environmental Protection

Re: DELI Project Number: 220613.05  
Client Project Description: Vilano Boat; 2022-05-23-09

Enclosed is the case narrative for the above referenced project:

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**Fecal Coliform (MF):**

-59037: The dilutions performed were 1:2, 1:10, and 1:100. No colonies were present in each dilution. The result is based on the largest volume used.

-59038: The dilutions performed were 1:2, 1:10, and 1:100. No colonies were present in each dilution. The result is based on the largest volume used.

-59040: The dilutions performed were 1:2, 1:10, and 1:100. No colonies were present in each dilution. The result is based on the largest volume used.

**Unless otherwise noted and where applicable:**

These samples were received at the proper temperature and with the proper preservation. The samples were analyzed as received, unless otherwise noted. All results in the Quality Control section are labeled appropriately. All results meet the requirements of the NELAP standards, unless otherwise noted. Footnotes are given at the end of the report.

Narrative Page 1 of 1

**NELAP #E821059**

Diversified Environmental Laboratories, Inc.  
3653 Regent Boulevard  
Suite 509  
Jacksonville, FL 32224



Phone 904.807.9625  
Fax 904.807.9627  
Email [info@delilab.com](mailto:info@delilab.com)  
Web [www.delilab.com](http://www.delilab.com)



## Report of Laboratory Analysis

### Florida Department of Environmental Protection

Project Description

**Vilano Boat; 2022-05-23-09**

DELI  
Project Number

**220613.05**

Report Date: June 28, 2022

DELI Sample Number **59037**

Sample Description **27010968**

Matrix

**Non Potable Water**

Date/Time Collected

**06/13/2022 10:05**

| Parameters           | Method        | Results | Footnote | Units     | DF | MDL | PQL | Incubation In    | Incubation Out   | Analyst | Analysis Date/Time |
|----------------------|---------------|---------|----------|-----------|----|-----|-----|------------------|------------------|---------|--------------------|
| Enterococci QT       | Enterolert QT | 10      |          | MPN/100ml | 10 | 10  | 10  | 06/13/2022 16:25 | 06/14/2022 16:25 | DJV     | 06/13/2022 16:07   |
| Coliform, Fecal (MF) | SM 9222 D     | <2      | U        | CFU/100ml | 2  | 2   | 2   | 06/13/2022 17:00 | 06/14/2022 17:00 | DJV/JMD | 06/13/2022 16:50   |





## Report of Laboratory Analysis

### Florida Department of Environmental Protection

Project Description

**Vilano Boat; 2022-05-23-09**

DELI  
Project Number

**220613.05**

Report Date: June 28, 2022

DELI Sample Number **59038**  
Sample Description **27010010**

Matrix **Non Potable Water**  
Date/Time Collected **06/13/2022 10:35**

| Parameters           | Method        | Results | Footnote | Units     | DF | MDL | PQL | Incubation In    | Incubation Out   | Analyst | Analysis Date/Time |
|----------------------|---------------|---------|----------|-----------|----|-----|-----|------------------|------------------|---------|--------------------|
| Enterococci QT       | Enterolert QT | 10      |          | MPN/100ml | 10 | 10  | 10  | 06/13/2022 16:25 | 06/14/2022 16:25 | DJV     | 06/13/2022 16:07   |
| Coliform, Fecal (MF) | SM 9222 D     | <2      | U        | CFU/100ml | 2  | 2   | 2   | 06/13/2022 17:00 | 06/14/2022 17:00 | DJV/JMD | 06/13/2022 16:50   |





## Report of Laboratory Analysis

Florida Department of Environmental  
Protection

Project Description

Vilano Boat; 2022-05-23-09

DELI  
Project Number

220613.05

Report Date: June 28, 2022

DELI Sample Number **59039**  
Sample Description **G5NE0587**

Matrix **Non Potable Water**  
Date/Time Collected **06/13/2022 11:05**

| Parameters     | Method        | Results | Footnote | Units     | DF | MDL | PQL | Incubation In    | Incubation Out   | Analyst | Analysis Date/Time |
|----------------|---------------|---------|----------|-----------|----|-----|-----|------------------|------------------|---------|--------------------|
| Enterococci QT | Enterolert QT | <10     | U        | MPN/100ml | 10 | 10  | 10  | 06/13/2022 16:25 | 06/14/2022 16:25 | DJV     | 06/13/2022 16:07   |





## Report of Laboratory Analysis

### Florida Department of Environmental Protection

Project Description

**Vilano Boat; 2022-05-23-09**

DELI  
Project Number

**220613.05**

Report Date: June 28, 2022

DELI Sample Number **59040**  
Sample Description **27010138**

Matrix **Non Potable Water**  
Date/Time Collected **06/13/2022 11:35**

| Parameters           | Method        | Results | Footnote | Units     | DF | MDL | PQL | Incubation In    | Incubation Out   | Analyst | Analysis Date/Time |
|----------------------|---------------|---------|----------|-----------|----|-----|-----|------------------|------------------|---------|--------------------|
| Enterococci QT       | Enterolert QT | <10     | U        | MPN/100ml | 10 | 10  | 10  | 06/13/2022 16:25 | 06/14/2022 16:25 | DJV     | 06/13/2022 16:07   |
| Coliform, Fecal (MF) | SM 9222 D     | <2      | U        | CFU/100ml | 2  | 2   | 2   | 06/13/2022 17:00 | 06/14/2022 17:00 | DJV/JMD | 06/13/2022 16:50   |





## Report of Laboratory Analysis

Florida Department of Environmental  
Protection

Project Description

Vilano Boat; 2022-05-23-09

DELI  
Project Number

220613.05

Report Date: June 28, 2022

### Footnotes

|      |                                          |
|------|------------------------------------------|
| DF   | Dilution Factor                          |
| LCS  | Laboratory Control Sample                |
| LCSD | Laboratory Control Sample Duplicate      |
| MB   | Method Blank                             |
| MDL  | Method Detection Limit                   |
| MS   | Matrix Spike                             |
| MSD  | Matrix Spike Duplicate                   |
| NA   | Not Applicable                           |
| ND   | Not Detected/None Detected               |
| PQL  | Practical Quantification Limit           |
| RPD  | Relative Percent Deviation               |
| U    | Compound analyzed for, but not detected. |



**Batch No:** B23593

Associated Samples

**TestCode:** Micro: Enterococci (Quanti-Tray) - Enterolert

59037, 59038, 59039, 59040

| Compound             | Blank | LCS Spike | LCS %Rec | LCSD %Rec | RPD % | ---QC Limits---<br>%RPD %Rec | MS Spike | MS %Rec | MSD %Rec | RPD % | ---QC Limits---<br>%RPD %Rec | Sample Dup<br>%RPD | --QC Limit--<br>%RPD | Qualifiers |
|----------------------|-------|-----------|----------|-----------|-------|------------------------------|----------|---------|----------|-------|------------------------------|--------------------|----------------------|------------|
| Parent Sample Number |       |           |          |           |       |                              |          |         |          |       |                              | 59040              |                      |            |
| Enterococci QT       | <1 U  |           |          |           |       |                              |          |         |          |       |                              | 0                  | 80                   |            |

**Batch No:** B23719

Associated Samples

**TestCode:** Micro: Fecal Coliform (MF) - 9222D

59037, 59038, 59040

| Compound             | Blank | LCS Spike | LCS %Rec | LCSD %Rec | RPD % | ---QC Limits---<br>%RPD %Rec | MS Spike | MS %Rec | MSD %Rec | RPD % | ---QC Limits---<br>%RPD %Rec | Sample Dup<br>%RPD | --QC Limit--<br>%RPD | Qualifiers |
|----------------------|-------|-----------|----------|-----------|-------|------------------------------|----------|---------|----------|-------|------------------------------|--------------------|----------------------|------------|
| Parent Sample Number |       |           |          |           |       |                              |          |         |          |       |                              | 59040              |                      |            |
| Coliform, Fecal (MF) | <1 U  |           |          |           |       |                              |          |         |          |       |                              | 0                  | 78                   |            |
| Parent Sample Number |       |           |          |           |       |                              |          |         |          |       |                              |                    |                      |            |
| Coliform, Fecal (MF) | <1 U  |           |          |           |       |                              |          |         |          |       |                              |                    | 78                   |            |

\* Indicates value is outside control limits for %Recovery or greater than acceptance criteria for RPD

### Footnotes

U Compound analyzed for, but not detected.

**NELAP #E821059**