

ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

Submission Number : S24010730

Florida Dept Of Env Protection
2600 Blair Stone Rd
Tallahassee, FL 32399

Project Name : RQ-2024-01-15-31
Date Received : 01/30/2024
Time Received : 13:19

Submission Number: 24010730 Sample Date: 01/30/2024
Sample Number: 001 Sample Time: 09:35
Sample Description: G3SD0247 Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Preparation Date/Time	Analysis Date/Time	Analyst
ENTEROCOCCI	85	#/100 ML	10	10	ENTEROLERT	01/30/2024 14:05	01/31/2024 15:20	BK

Submission Number: 24010730 Sample Date: 01/30/2024
Sample Number: 002 Sample Time: 09:55
Sample Description: G3SD0246 Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Preparation Date/Time	Analysis Date/Time	Analyst
ENTEROCOCCI	20	#/100 ML	10	10	ENTEROLERT	01/30/2024 14:05	01/31/2024 15:20	BK

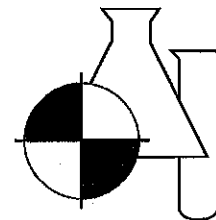
Submission Number: 24010730 Sample Date: 01/30/2024
Sample Number: 003a Sample Time: 11:00
Sample Description: G3SD0073 Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Preparation Date/Time	Analysis Date/Time	Analyst
ENTEROCOCCI	10 U	#/100 ML	10	10	ENTEROLERT	01/30/2024 14:05	01/31/2024 15:20	BK

Submission Number: 24010730 Sample Date: 01/30/2024
Sample Number: 003b Sample Time: 11:00
Sample Description: G3SD0073 Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Preparation Date/Time	Analysis Date/Time	Analyst
FECAL COLIFORM	1 U	#/100 ML	1	1	SM9222D	01/30/2024 14:20	01/31/2024 15:46	BK

BENCHMARK EA SOUTH



NELAP Certification #E85086

Submission Number: 24010730
Sample Number: 004
Sample Description: G3SD0248

Sample Date: 01/30/2024
Sample Time: 12:40
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Preparation Date/Time	Analysis Date/Time	Analyst
ENTEROCOCCI	185	#/100 ML	10	10	ENTEROLERT	01/30/2024 14:05	01/31/2024 15:20	BK

Melinda Merchant

02/02/2024

Dale D. Dixon / Laboratory Director

Date

Melinda Merchant/ Laboratory Manager

DATA QUALIFIERS THAT MAY APPLY:

A = Value reported is an average of two or more determinations.
B = Results based upon colony counts outside the ideal range.
H = Value based on field kit determination. Results may not be accurate.
I = Reported value is between the laboratory MDL and the PQL.
J1 = Estimated value. Surrogate recovery limits exceeded.
J2 = Estimated value. No quality control criteria exists for component.
J3 = Estimated value. Quality control criteria for precision or accuracy not met.
J4 = Estimated value. Sample matrix interference suspected.
J5 = Estimated value. Data questionable due to improper lab or field protocols.
K = Off-scale low. Value is known to be < the value reported.
L = Off-scale high. Value is known to be > the value reported.
N = Presumptive evidence of presence of material.
O = Sampled, but analysis lost or not performed.

Q = Sample held beyond accepted hold time.
T = Value reported is < MDL. Reported for informational purposes only and shall not be used in statistical analysis.
U = Analyte analyzed but not detected at the value indicated.
V = Analyte detected in sample and method blank. Results for this analyte in associated samples may be biased high. Standard, Duplicate and Spike values are within control limits. Reported data are usable.
Y = Analysis performed on an improperly preserved sample. Data may be inaccurate.
Z = Too many colonies were present (TNTC). The numeric value represents the filtration volume.
! = Data deviate from historically established concentration ranges.
? = Data rejected and should not be used. Some or all of QC data were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
* = Not reported due to interference.

NOTES:

JO = All Quanti-tray wells were positive. Result may be higher than reported.
PQL = 4xMDL.
ND = Not detected at or above the adjusted reporting limit.
X = Value exceeds MCL.
1 dilution (10 mL) on each Enterococci and E.coli sample and 3 dilutions (1 mL, 10 mL, & 100 mL) on each Fecal Coliform sample.

COMMENTS:

For questions or comments regarding these results, please contact us at (941) 625-3137.

Results relate only to the samples.

(941) 625-3137 / (941) 240-3071 fax

Bill to: Frances Moore

dep-overflowmicro@dep.state.fl.us

504010730

Station ID		Surface Water Sample Matrix ^a (Fresh / Marine)	Enterococci E.coli (SM9223B Quantitray)		Laboratory Sample #
		Sample Type		E.Coli = 250 mL ; Entero = 120 mL ; Fecal Coliform = 120 mL	
G3SD0247	F / M Grab	E. coli / Enterotoxigenic E. coli	Date & Time:	01/30/24 0935	1
G3SD0246	F / M Grab	E. coli / Enterotoxigenic E. coli	Date & Time:	01/30/24 0955	2
G3SD0073	F / M Grab	E. coli / Enterotoxigenic E. coli	Date & Time:	01/30/24 1100	3a/b
G3SD0248	F / M Grab	E. coli / Enterotoxigenic E. coli	Date & Time:	01/30/24 1240	4
	F / M / Grab	E. coli / Enterotoxigenic E. coli	Date & Time:		
	F / M / Grab	E. coli / Enterotoxigenic E. coli	Date & Time:		
	F / M / Grab	E. coli / Enterotoxigenic E. coli	Date & Time:		
	F / M / Grab	E. coli / Enterotoxigenic E. coli	Date & Time:		
	F / M / Grab	E. coli / Enterotoxigenic E. coli	Date & Time:		
	F / M / Grab	E. coli / Enterotoxigenic E. coli	Date & Time:		
	F / M / Grab	E. coli / Enterotoxigenic E. coli	Date & Time:		
	F / M / Grab	E. coli / Enterotoxigenic E. coli	Date & Time:		

Notes:

- "Sample Matrix" is used to indicate whether the sample is being distributed to drinking water (DW), ground water (GW), surface water (SW), fresh surface water (FSW), saline surface water (SSW), soil/sediment (SODMT), or sludge (SLDG).
- "Container Type" is used to indicate whether the container is plastic (P) or glass (G).
- Sample must be refrigerated or stored in wet ice after collection. The maximum temperature during storage should be 4°C (41°F). Under "Preservative," list any preservatives that were added to the sample container.
- Each bottle has a label identifying sample ID, preservation process with contents in the bottle, sample type, effluent ID, and parameters for analysis.
- The following information should be added to each bottle label after collection with penmanus black ink: date and time of collection, sampler's name or initials, and field number or ID.
- All bottles and containing preservative may be rinsed with appropriate sample prior to collection.

1. The client is responsible for documentation of the sampling event. Please note your sampling events on the sample chain of custody form.

Collector: J. P. R. - H. L.

Relinquished by: [Signature]

Received By: M. J. M. - B. A. S.

Date: 01/30/24 **Time:** 1319

Laboratory Sample Acceptability:

pH < 2 : 0 BEAS Temperature: 2.7°C