

November 20, 2019

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

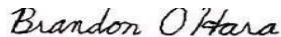
RE: Workorder: A1909732 SMP

Dear Michael Linger:

Enclosed are the analytical results for sample(s) received by the laboratory on Wednesday, November 13, 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 - Lab Manager  
BOhara@AELLab.com

Enclosures

Report ID: 918331 - 1761092

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## SAMPLE SUMMARY

Workorder: A1909732 SMP

| Lab ID      | Sample ID | Matrix | Date Collected   | Date Received    |
|-------------|-----------|--------|------------------|------------------|
| A1909732001 | G4CE0152  | Water  | 11/13/2019 13:02 | 11/13/2019 13:38 |

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## ANALYTICAL RESULTS

Workorder: A1909732 SMP

Lab ID: **A1909732001**

Date Received: 11/13/19 13:38 Matrix: Water

Sample ID: **G4CE0152**

Date Collected: 11/13/19 13:02

Sample Description:

Location:

| Parameters                                     | Results | Qual | Units                       | DF | Adjusted<br>PQL | Adjusted<br>MDL | Analyzed         | Lab |
|------------------------------------------------|---------|------|-----------------------------|----|-----------------|-----------------|------------------|-----|
| <b>Microbiology</b>                            |         |      |                             |    |                 |                 |                  |     |
| Analysis Desc: Escherichia Coli,EPA 1603,Water |         |      | Analytical Method: EPA 1603 |    |                 |                 |                  |     |
| E. Coli                                        | 100     | 1,B  | #/100 mL                    | 10 | 10              | 10              | 11/13/2019 14:20 | A   |

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## ANALYTICAL RESULTS QUALIFIERS

Workorder: A1909732 SMP

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### 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: 11/13/19 14:20  
Time Out Incubator #1: 11/13/19 16:15  
Time In Incubator #2: 11/13/19 16:18  
Time Out Incubator #2: 11/14/19 13:25

### LAB QUALIFIERS

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

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## QUALITY CONTROL DATA

Workorder: A1909732 SMP

|                         |             |                  |          |
|-------------------------|-------------|------------------|----------|
| QC Batch:               | MICa/1620   | Analysis Method: | EPA 1603 |
| QC Batch Method:        | EPA 1603    | Prepared:        |          |
| Associated Lab Samples: | A1909732001 |                  |          |

METHOD BLANK: 3296165

| Parameter    | Units    | Blank Result | Reporting Limit Qualifiers |
|--------------|----------|--------------|----------------------------|
| Microbiology |          |              |                            |
| E. Coli      | #/100 mL | 1            | 1 U                        |

METHOD BLANK: 3296166

| Parameter    | Units    | Blank Result | Reporting Limit Qualifiers |
|--------------|----------|--------------|----------------------------|
| Microbiology |          |              |                            |
| E. Coli      | #/100 mL | 1            | 1 U                        |

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## QUALITY CONTROL DATA CROSS REFERENCE TABLE

Workorder: A1909732 SMP

| Lab ID      | Sample ID | Prep Method | Prep Batch | Analysis Method | Analysis Batch |
|-------------|-----------|-------------|------------|-----------------|----------------|
| A1909732001 | G4CE0152  |             |            | EPA 1603        | MICa/1620      |

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|                                                                                                                                                                                         |  |                                                                                              |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|--------------------|--|-------------------|--|--|--|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|-----------|--|----------|--|--------|--|-----------|--|
| Client Name: <b>FDEP</b>                                                                                                                                                                |  | Project Name: <b>SMP</b>                                                                     |  | BOTTLE SIZE & TYPE |  | ANALYSIS REQUIRED |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  | LABORATORY I.D. NUMBER |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| Address: <b>3319 Maguire Blvd</b>                                                                                                                                                       |  | P.O. Number or Project Number: <b>B5A496</b>                                                 |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| Orlando, FL 32803                                                                                                                                                                       |  | FDEP Facility No:                                                                            |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| Phone: <b>407-897-4100</b>                                                                                                                                                              |  | Project Address:                                                                             |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| FAX:                                                                                                                                                                                    |  | Special Instructions:                                                                        |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| Contact: <b>Mike Linger</b>                                                                                                                                                             |  | <b>RQ-2019-11-11-53</b>                                                                      |  | E Coli             |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| Sampled By: <b>Mike Linger</b>                                                                                                                                                          |  |                                                                                              |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH                                                                                            |  |                                                                                              |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| Page: <b>1</b> of <b>1</b>                                                                                                                                                              |  | <input type="checkbox"/> ADaPT <input type="checkbox"/> EQUiS <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Temp taken from sample <input type="checkbox"/> Temp from blank |  |                                                                                              |  |                    |  |                   |  |  |  |  |  |  |  | Where required, pH checked <input type="checkbox"/> Temperature when received <b>4</b> (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) <b>J: 9A</b> G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| Relinquished by: <b>Mike Linger</b> Date: <b>11/13</b> Time: <b>1338</b>                                                                                                                |  |                                                                                              |  |                    |  |                   |  |  |  |  |  |  |  | Received by: <b>Mike Linger</b> Date: <b>11/13/19</b> Time: <b>1338</b>                                                          |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| 1                                                                                                                                                                                       |  |                                                                                              |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| 2                                                                                                                                                                                       |  |                                                                                              |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| 3                                                                                                                                                                                       |  |                                                                                              |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |
| 4                                                                                                                                                                                       |  |                                                                                              |  |                    |  |                   |  |  |  |  |  |  |  |                                                                                                                                  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |           |  |          |  |        |  |           |  |

**FOR DRINKING WATER USE:**

PWS ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site-Address: \_\_\_\_\_