



FLORIDA DEPARTMENT OF Environmental Protection

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Tallahassee, FL 32399-2400

Ron DeSantis
Governor

Jay Collins
Lt. Governor

Alexis A. Lambert
Secretary

VIA EMAIL

Read receipt requested

September 1, 2026

Dr. Gretchen Lescord
Florida LAKEWATCH Laboratory
7922 NW 71st Street
Gainesville, FL 32653-3071
Email: lescord.g@ufl.edu

Re: Final Audit Report for LAKEWATCH Laboratory Records Audit

Dear Dr. Lescord:

Thank you for responding to the preliminary audit report for the Laboratory Records Audit of the Florida LAKEWATCH Laboratory (LAKEWATCH). The Florida Department of Environmental Protection (department or DEP) has reviewed all information and laboratory responses and accepted the proposed corrective actions. A summary of findings deemed critical to data usability is described in the audit conclusions section of the final report.

Attached is the final audit report detailing the audit procedure, audit findings, and the department's audit conclusions. This final audit report will be posted on the department's website at <https://floridadep.gov/dear/florida-dep-laboratory/content/fdep-biological-and-audit-report-search>.

As noted in the report, the department concludes that the laboratory procedures and laboratory documentation used by LAKEWATCH have met quality control (QC) criteria required by the LAKEWATCH Chapter 62-160, F.A.C., the Florida LAKEWATCH Water Chemistry Field Sampling and Laboratory Protocols (Draft June 2020) and analyte-specific laboratory SOPs, and the associated analytical methods. The laboratory's implementation of corrective actions described in the final audit report will lead to an improved quality system. None of the findings in the audit were deemed critical to data usability for the Impaired Waters Rule, 62-

303, F.A.C., and other Department uses. Findings of note, including those where data qualifications have been deemed necessary, are summarized below.

Deficiencies involving inconsistent or inaccurate QA/QC procedures affecting chlorophyll-a, TP, and TN analyses are as follows:

- Method detection limit (MDL) studies were missing for all applicable analytes (TN, TP, chlorophyll-a, color) for samples analyzed before 2020. TN, TP, and color had MDL studies documented from 2020 forward, however, MDL studies were missing for chlorophyll-a samples analyzed between November 2020 and the implementation of routine MDL verifications in July 2026. As such, caution should be employed when using low-level chlorophyll-a data (results below the PQL) for samples analyzed from November 2020 to July 2026.
- Various quality control (QC) samples were not performed at the required frequency for TN and TP analytical runs prior to August 2024. Affected results must be 'J' qualified in accordance with the requirements of Chapter 62-160.700, F.A.C., and may be used at the discretion of the data user given the context of the qualifier.

Deficiencies involving unapproved freezing procedures and samples analyzed beyond the acceptable holding times affected all color and specific conductance analyses conducted throughout the audited period and are described as follows:

- Color and specific conductance samples are frozen in accordance with the LAKEWATCH SOPs, however no alternative method has been approved by the Department for this freezing procedure. All color and specific conductance data must be 'J' and 'Q' qualified per the requirements in Chapter 62-160.700, F.A.C., to indicate that the samples have been preserved following unapproved methods and were held beyond the maximum hold time. These data may still be used at the discretion of the data user given the context of the qualifier.
- Initial calibration and verification of the instrument used to assess specific conductance were not performed in accordance with the requirements of DEP SOP FT 1200 for any audited samples. All specific conductance data generated prior to the corrective action implementation date of July 2026 must be 'J' qualified as described in finding 27 in accordance with the requirements of Chapter 62-160.700, F.A.C., and may be used at the discretion of the data user given the context of the qualifier.

NOTE: The audit evaluated the indicated data for the use(s) described in the final audit report. The usability of the audited data for other purposes or the

usability of data produced by the audited organization for other analytes or other date ranges must be determined separately according to applicable requirements in Rule 62-160.670, F.A.C.

Under Chapter 120 of the Florida Statutes, LAKEWATCH, and any other person whose substantial interests are affected by the department's agency action, may challenge the attached final audit report, including the corrective actions and the data usability analysis. The process to challenge any portion of this agency action is described below in the Notice of Rights section.

If you have any questions or concerns about this final audit report, please feel free to contact Jessica Patronis via phone (850-245-8980) or email (Jessica.Patronis@FloridaDEP.gov).

Notice of Rights

This action is final and effective on the date filed with the Clerk of the Department unless a sufficient petition for an administrative hearing is timely filed under sections 120.569 and 120.57 of the Florida Statutes as provided below. If a sufficient petition for an administrative hearing is timely filed, this agency action becomes only proposed agency action, subject to the result of the administrative review process. Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the department. Because an administrative hearing may result in the reversal or substantial modification of this action, the petitioner is advised not to proceed until the deadlines noted below for filing a petition for an administrative hearing or request for an extension of time have expired.

Petition for Administrative Hearing

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, F.S. Pursuant to Rules 28-106.201 and 28-106.301, F.A.C., a petition for an administrative hearing must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;

- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

The petition must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at Agency_Clerk@FloridaDEP.gov. Also, a copy of the petition shall be mailed to the addressee of this order at the address indicated above at the time of filing.

Time Period for Filing a Petition

In accordance with Rule 62-110.106(3), F.A.C., petitions for an administrative hearing by the addressee of this order must be filed within 21 days of receipt of this written notice. Petitions filed by any persons other than the addressee of this order must be filed within 21 days of publication of the notice or within 21 days of receipt of the written notice, whichever occurs first. The failure to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C.

Extension of Time

Under Rule 62-110.106(4), F.A.C., a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at Agency_Clerk@FloridaDEP.gov, before the deadline for filing a petition for an administrative hearing. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon.

Mediation

Mediation is not available in this proceeding.

Judicial Review

This determination constitutes an order of the department. Subject to the provisions of paragraph 120.68(7)(a) of the Florida Statutes, which may require a remand for an administrative hearing, the addressee of this order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rules 9.110 and 9.190 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, or via electronic correspondence at Agency_Clerk@FloridaDEP.gov and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



David Whiting, Deputy Director
Division of Environmental Assessment
and Restoration
2600 Blair Stone Road
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Attachments:
Final Audit Report

Copies furnished to:
Rachel Martin, Florida DEP Office of General Counsel
Kevin O'Donnell, Program Administrator, Water Quality Evaluation & TMDL
Program
Jessica Mostyn, Environmental Administrator, Watershed Assessment Section
File

CERTIFICATE OF SERVICE

The undersigned duly designated deputy clerk hereby certifies that this determination, including all copies, was e-mailed before the close of business on September 9th, 2026 to the above listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to 120.52(7),
Florida Statutes, with the designated Department Clerk,
receipt of which is hereby acknowledged.


Clerk

9/1/2026
Date

***Final Audit Report
Florida LAKEWATCH Laboratory
Laboratory Records Audit
Conducted November 7, 2025***

**Florida Department of Environmental Protection
Division of Environmental Assessment and Restoration
September 2026**

Introduction

The Florida Department of Environmental Protection's (DEP or department) Division of Environmental Assessment and Restoration requested a laboratory records audit of Florida LAKEWATCH Laboratory (LAKEWATCH) as a follow up to a prior audit conducted May 2019. The Aquatic Ecology and Quality Assurance section (AEQAS) conducted the audit in accordance with Rules 62-160.650 and 62-160.670, Florida Administrative Code (F.A.C.). The purpose of this audit was to verify that LAKEWATCH is complying with the quality assurance (QA) requirements of the Florida LAKEWATCH Standard Operating Procedure (SOP, Draft June 2020) and the QA Rule, Chapter 62-160, F.A.C., correctly implementing approved analytical methods, including acceptable quality control, and maintaining adequate laboratory documentation.

This final audit report lists the procedural and documentary deficiencies, as determined by the department auditors, responses from the audited party, and the department's response to the corrective actions proposed by the laboratory.

Background

Florida LAKEWATCH is a citizen-science organization that includes a large network of volunteer samplers, regional coordinators, and the LAKEWATCH lab and program management at the University of Florida. The samplers follow the field portion of the LAKEWATCH SOP for sample collection and storage, regional coordinators pick up the samples from regional drop-off locations, and the LAKEWATCH lab analyzes the samples. LAKEWATCH was created by the Florida Legislature under section 1004.49, Florida Statutes. The LAKEWATCH lab is not required to hold certification from the Florida Department of Health Environmental Lab Certification Program, per Paragraph 62-160.300(5)(c), F.A.C. In 2013, DEP approved LAKEWATCH to use alternative preservation (freezing) for Total Nitrogen (TN) and Total Phosphorus (TP), and to implement an extended holding time (5 months) between sample collection and analysis for TN, TP, and chlorophyll *a*. DEP also approved an alternative laboratory preparation solvent for chlorophyll *a* analysis.

AEQAS conducted an audit of the LAKEWATCH laboratory in May 2019 and finalized the audit report in January 2020. The final audit report concluded that LAKEWATCH was not implementing several critical quality control (QC) criteria and was not appropriately qualifying total nitrogen and total phosphorus results pursuant to QC results. LAKEWATCH provided acceptable corrective actions for all findings in the 2020 audit report and applied appropriate qualifiers to results loaded to the DEP Watershed Information Network (WIN) for all samples analyzed on or after February 15, 2019. Data from the audited period beginning 2013 through the analysis date of February 14, 2019, are considered estimated values for certain uses of the data. There were no recommendations against the use of chlorophyll *a* data for the audited period. Records were requested, but not available for color and specific conductance, so those analytes were not audited. Details of the 2020 audit procedure, audit findings, and the department's audit conclusions are available on the Department's website at <http://www.dep.state.fl.us/labs/cgi-bin/reports/search.asp>.

The purpose of the 2025 LAKEWATCH laboratory audit was for DEP to continue to verify that LAKEWATCH has complied with the quality control procedures outlined in the LAKEWATCH SOP.

Audit Description

AEQAS staff requested analytical and quality control records for samples representing the laboratory's analyses for chlorophyll *a*, TN, TP, true color, and specific conductance. AEQAS audited 13 sampling events, consisting of 57 total results across all analytes, submitted to DEP collected August 28, 2019 – January 30, 2025 (Table 1) and analyzed September 5, 2019 through March 10, 2025. Records were requested from LAKEWATCH on October 7, 2025, and received on November 7, 2025. AEQAS auditors reviewed records pertaining to the selected samples, which included the Florida LAKEWATCH Water Chemistry Field Sampling and Laboratory Protocols (Draft June 2020), the applicable analyte-specific laboratory SOPs (Color and Conductivity, effective 08-01-2024 to present; TN and TP, effective 06-26-2024; Chlorophyll 06-22-2020), detection limit studies, sample chain of custody documents, field Freshwater Data Sheets, analytical run reports, lab quality assurance and quality control documentation, and WIN data upload records. AEQAS initially met with LAKEWATCH staff over video conference call to discuss plans for the audit on July 22, 2025. AEQAS auditors, Jessica Patronis and Jackie Krebs, visited the lab on September 9, 2025, where they participated in a lab tour and met with LAKEWATCH staff for an audit overview and introductory meeting. Further correspondence was conducted via email and phone. Chapter 62-160, F.A.C., the Florida LAKEWATCH Water Chemistry Field Sampling and Laboratory Protocols (Draft June 2020) and analyte-specific laboratory SOPs, and the associated analytical methods (Table 1) provided the criteria for the audit and all findings. Personnel involved in the audit were Jessica Patronis, Jackie Krebs, Alicia Cedeño Salgado and Natalie Boydston from AEQAS. The main LAKEWATCH contacts for the audit were Gretchen Lescord, Director of Florida LAKEWATCH, Zhuona Li, Scientific Laboratory Manager, and Marina Schwartz, Data Manager.

Preliminary Audit Report and Implementation of Corrective Actions

A preliminary audit report of findings and deficiencies was sent to Gretchen Lescord and Zhuona Li of LAKEWATCH on February 5th, 2026. Procedures or documentation that did not comply with audit criteria are identified in Table 2, along with the department's recommended or required corrective actions. Gretchen Lescord replied on March 19th, 2026, requesting an extension for the LAKEWATCH team to respond with corrective actions and implementation dates for the noted deficiencies. AEQAS auditors spoke with LAKEWATCH staff on March 27 and April 13, 2026, via phone call to address clarifications and remaining questions regarding findings and corrective actions for the audit. Gretchen Lescord and Zhuona Li were in attendance from LAKEWATCH while Jessica Patronis attended from AEQAS. During these meetings, LAKEWATCH staff proposed questions and requests for clarification that AEQAS addressed. On April 17th, 2026, LAKEWATCH submitted their completed responses and implementation dates for all findings encompassed in Table 2.

Audit Conclusions

Based on the findings from this audit, DEP has determined that the corrective actions for the laboratory meet the department's minimum quality assurance standards. The laboratory's implementation of corrective actions described in this report will lead to an improved quality system. None of the findings in the audit were deemed critical to data usability for the Impaired Waters Rule, 62-303, F.A.C., and other Department uses. Findings of note, including those where data qualifications have been deemed necessary, are summarized below.

Deficiencies involving inconsistent or inaccurate QA/QC procedures affecting chlorophyll-*a*, TP, and TN analyses are as follows:

- Method detection limit (MDL) studies were missing for all applicable analytes (TN, TP, chlorophyll-*a*, color) for samples analyzed before 2020. TN, TP, and color had MDL studies documented from 2020 forward, however, MDL studies were missing for chlorophyll-*a* samples analyzed between November 2020 and the implementation of routine MDL verifications in July 2026. As such, caution should be employed when using low-level chlorophyll-*a* data (results below the PQL) for samples analyzed from November 2020 to July 2026.
- Various quality control (QC) samples were not performed at the required frequency for TN and TP analytical runs prior to August 2024. Affected results must be 'J' qualified in accordance with the requirements of Chapter 62-160.700, F.A.C., and may be used at the discretion of the data user given the context of the qualifier.

Deficiencies involving unapproved freezing procedures and samples analyzed beyond the acceptable holding times affected all color and specific conductance analyses conducted throughout the audited period and are described as follows:

- Color and specific conductance samples are frozen in accordance with the LAKEWATCH SOPs, however no alternative method has been approved by the Department for this freezing procedure. All color and specific conductance data must be 'J' and 'Q' qualified per the requirements in Chapter 62-160.700, F.A.C., to indicate that the samples have been preserved following unapproved methods and were held beyond the maximum hold time. These data may still be used at the discretion of the data user given the context of the qualifier.
- Initial calibration and verification of the instrument used to assess specific conductance were not performed in accordance with the requirements of DEP SOP FT 1200 for any audited samples. All specific conductance data generated prior to the corrective action implementation date of July 2026 must be 'J' qualified as described in finding 27 in accordance with the requirements of Chapter 62-160.700, F.A.C., and may be used at the discretion of the data user given the context of the qualifier.

NOTE: The audit evaluated the indicated data for the use(s) described in this report. The usability of the audited data for other purposes or the usability of data produced by the audited organization for other analytes or other date ranges must be determined separately according to applicable requirements in Rule 62-160.670, F.A.C.

Table 1. List of audited samples for the laboratory records audit of LAKEWATCH conducted by DEP, November 2025. See References for analytical methods.

Lab Sample ID	Monitoring Location ID-Station	Collection Date	Water Type	Analytes ¹
ESC-BA-GRANDE-3-04/28/2019S	Escambia-Bayou Grande-3	4/28/2019	Estuary	chla-corr, chla-un, color, sp cond, TN, TP
PUT-ROWAN-2-08/27/2019S	Putnam-Rowan-2	8/27/2019	Lake	chla-corr, chla-un, color, sp cond, TN, TP
ALA-SANTAFEPC-1-12/15/2020S	Alachua-Santa Fe Painter Canal-1	12/15/2020	Lake	chla-corr, chla-un, color, sp cond, TN, TP
PUT-BARCO-3-09/28/2021S	Putnam-Barco-3	9/28/2021	Lake	chla-un, color, sp cond, TN, TP
SEM-LOST-1-01/01/2022S	Seminole-Lost-1	1/1/2022	Lake	chla-un, color, sp cond, TN, TP
POL-CROOKED-1-06/26/2022S	Polk-Crooked-1	6/26/2022	Lake	chla-corr, chla-un, TN, TP
VOL-NORTHTAL-1-01/06/2023S	Volusia-North Talmadge-1	1/6/2023	Lake	chla-corr, chla-un, color, sp cond, TN, TP
CHA-SUNAPEE-1-01/09/2023S	Charlotte-Sunapee-1	1/9/2023	Lake	chla-corr, chla-un, color, sp cond, TN, TP
MON-CU-CUDJOE-4-03/05/2024S	Monroe-Cudjoe-4	3/5/2024	Estuary	chla-corr, chla-un, color, sp cond, TN, TP
PIN-JUNGLE-SI-1-03/23/2024S	Pinellas-Jungle South Inlet-1	3/23/2024	Lake	chla-corr, chla-un, TN, TP
GUL-ST-PHBAY-5-04/24/2024S	Gulf-St. Joseph Bay-5	4/24/2024	Estuary	chla-corr, chla-un, color, sp cond, TN, TP
PUT-ENSLOW-2-08/20/2024S	Putnam-Enslow-2	8/20/2024	Lake	chla-corr, chla-un, color, sp cond, TN, TP
HIL-BRANT-1-2025-01-30S	Hillsborough-Brant-1	1/30/2025	Lake	chla-corr, chla-un, color, sp cond, TN, TP

¹ Analytes: chlorophyll *a* – corrected (chla-corr), chlorophyll *a* – uncorrected (chla-un), color – true (color), specific conductance (sp cond), total phosphorus (TP), total nitrogen (TN)

Table 2. Audit findings for the laboratory records audit of LAKEWATCH conducted by DEP, November 2025.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
1.	TN, TP, Chlorophyll a, color	Chapter 62-160.120 (16), F.A.C.; Chapter 62-160.340 (2) (f) 2. a., F.A.C.	The 2019 MDL study was missing or not provided for the sample analyzed 8/2019. For chlorophyll, MDL studies are missing or were not conducted since October 2019.	PUT-ROWAN-2-08/27/2019S; Chlorophyll samples analyzed after November 2020.	Required: Provide the MDL study pertaining to the audited sample. For chlorophyll, Perform MDL studies at least every 13 months.	MDLs for TN, TP, color, and conductivity have been calculated annually (every 12 months) since 2020; supporting documentation was included with the audit submittal. Moving forward, MDLs for chlorophyll analysis will also be calculated at least every 13 months.	2020 (TN, TP, color) July 2026 (chlorophyll)	Acceptable.
2.	All	Chapter 62-160.340(2)(b) 2 & 3; LAKEWATCH SOP (2020) pg. 12	There is no record of the date and time of sample receipt or condition of samples upon receipt at the laboratory. Temperature of sample is not verified/documented. The laboratory does not monitor or maintain a temperature log for freezers or refrigerators where samples are held in	All	Required: Record and retain records of temperature and condition of samples upon pickup from interim storage and upon arrival to lab. Record and retain records of temperature checks for freezers and refrigerators where samples are held in the laboratory and	Freezer temperature, sample condition, and date/time of pick up from interim storage, as well as sample condition and date/time of arrival to the lab, will be added to the Water Sample Inventory sheets. A continuous temperature logger was placed in the lab's walk-in freezer on March 11, 2026, where samples are stored after arrival to the lab. The temperature is automatically recorded every 5 minutes. This	July 2026	Acceptable. Ensure all temperature logs are retained for a minimum of 5 years.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
			the laboratory or pick up facilities.		pick up facilities. Follow LAKEWATCH SOP 2020, which states “freezers and refrigerators have temperature data loggers that will be monitored every time samples are added and removed from the freezer. Temperature logs will be kept electronically downloaded monthly.”	data will be downloaded bi-annually and stored for future reference. Additionally, lab staff have been instructed to check the temperature logs when retrieving samples, to ensure no thaw has occurred. These loggers will also be added to our other freezers and the walk-in refrigerator at the LAKEWATCH laboratory. Our program has 70+ drop-off locations with freezers across the state. We are unable to put these continuous recorders in all freezers. In lieu of this, we are adding analog thermometers in each freezer and have instructed staff to note and record the freezer temperature when picking up samples. Volunteers and hosts (e.g., extension offices) are also encouraged to reach out to us if a power outage is		

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
						experienced or suspected, or if samples appear to have thawed.		
3.	All	62-160.340 (2)(b); LAKEWAT CH SOP (2020) pg. 12	Pick up date is missing or ambiguous on the Water Sample Inventory sheet. An 11/21/25 email from the lab stated, "When a center has multiple pages of samples, the pick-up date may not appear on every page. For samples delivered directly to the LakeWatch lab by volunteers, the drop-off date may not always be recorded. We have implemented measures to ensure that all future volunteer drop-offs are consistently documented."	All	Required: Record and retain records of pick up date in the appropriate field on the Water Sample Inventory sheet and refer to the first page if multiple pages.	The pick-up date has been documented in the designated field on the Water Sample Inventory sheets since November 2025. For pick up records consisting of multiple pages, the pick-up date is documented on the first page. Thus, no further changes have been made relative to this comment.	November 2025	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
4.	Color, Specific Conductance, TN, TP	Chapter 62.160.340 (1)(a), F.A.C.; LAKEWAT CH SOP (2020) pg. 12	Pour out date and/or time were not documented on the Excel Lab Sheet for audited samples. Pour out date column is not filled in on Water Sample Inventory sheet.	Missing pour out date: PUT-ROWAN-2-08/27/2019S; ESC-BA-GRANDE-3-04/28/2019S Missing pour out time: All Pour out date column not filled: All	Required: Record date and time for pour out procedure on the Excel Lab Sheet. Recommend: Remove pour out date from inventory sheet if it is not used or fill out all applicable/relevant fields. This information should be documented on the Excel Lab Sheets.	Pour out date will be removed from the Water Sample Inventory sheets. We have recorded pour out date on the TN and TP lab sheets since August 2024 and will continue to do so. Color and conductivity analyses are conducted from the water remaining in sample bottles after TN and TP analyses, without re-freezing. Pour out date will be removed from color and conductivity lab sheets.	September 2026	Acceptable.
5.	Color	Chapter 62-160.120 (16), F.A.C.; LAKEWAT CH SOP (2020) p. 23; LAKEWAT CH Color Analysis SOP (8-1-2024) Section SOP 10.2	Stated MDL and PQL are inconsistent across lab SOPs and results reported to WIN. LAKEWATCH SOP (2020) and WIN results show 1 PCU for the MDL and PQL, but the Color Analysis – Spectrometer Method section	PUT-ENSLOW-2-08/20/2024S; HIL-BRANT-1-2025-01-30S	Required: Ensure consistency between laboratory documents and WIN reported data. Determine the correct PQL, make necessary correction to the PQL in WIN, and update the current lab SOPs with the	Thank you for bringing this to our attention. We have determined that our PQL should have been reported as 3 PCU for the time periods when the associated MDL was reported as 1 PCU. The LAKEWATCH SOP will be updated to specify that we will check and update PQLs every 12 months. We will also correct past PQLs as needed in	April 2026 (lab SOP changes) October 2026 (WIN corrections)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
			10.2 says that PQL is 3 PCU.		appropriate PQL for color.	WIN. Please note that our implementation date for WIN corrections was estimated to enable scheduling and collaboration with our WIN coordinator; changes may be completed sooner than the date indicated.		
6.	Color	LAKEWAT CH Color Analysis SOP (8-1-2024) Section 9.1	Standards listed on the Excel Lab Sheet do not match those on 'color standard preparation log.' Standards 30 PCU and 40 PCU are missing from the preparation log.	GUL-ST-PHBAY-5-04/24/2024S	Required: Explain the discrepancy between the Excel Lab Sheet and color standard preparation log. Record preparation of all standards used in the analysis.	Thank you for bringing this to our attention. Our review suggests the color standard was not logged in a timely manner, which resulted in the chemist recording an incorrect concentration in the standard log. To prevent recurrence, we will routinely review the color standard preparation log and require immediate documentation of all standards upon preparation or receipt to ensure accuracy and completeness moving forward.	March 2026	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
7.	Color	SM 2120 B 5. b.	Sample pH checks are either not performed or not documented.	All	Required: Check and document sample pH as required by Standard Methods: “Sample preparation: Check sample pH. If outside the range of 4 to 10, preferably adjust sample to pH 7 and note the adjustment”	Currently, LAKEWATCH does not have the capacity to assess sample pH in a consistent and reliable way for our sample volume. The vast majority, but not all, of the waterbodies sampled through LAKEWATCH are likely to have a pH within the range listed (i.e., 4-10 units). We have asked for feedback from DEP on this limitation and are open to incorporating pH checks into our workflow if our capacity increases in future. We have updated our LAKEWATCH SOP to clarify that we do not test pH on samples before analysis, but no other changes have been made relative to this comment.	Not applicable (NA)	Acceptable.
8.	Color	SM 2120 B. 7. b; LAKEWATCH SOP	Placement of lab duplicate samples within the run is inconsistent across laboratory SOP documents.	All	Required: Ensure consistency between laboratory SOP documents for	Starting August 1, 2024, we analyzed one duplicate per batch of 20 samples. Moving forward, we will analyze a duplicate	September 2026	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
		(2020) p. 22-23; LAKEWATCH Color Analysis SOP (8-1-2024) Section 9.2;	Standard Methods requires duplicate samples to be analyzed every 10th sample.		the placement of duplicates in the color analytical run. Update SOPs to match Standard Method requirement of duplicate analyzed every 10th sample.	every 10th sample. We will also update the LAKEWATCH SOP to specify this and match the Standard Method requirement.		
9.	All	Chapter 62-160.340(1)(c), F.A.C.; LAKEWATCH SOP (2020) p. 12 & 20	Pick-up sheet and reagent records were not retained for PUT-ROWAN-2-08/27/2019S, ESC-BA-GRANDE-3-04/28/2019S; Pick-up sheet was not retained for ALA-SANTAFEP C-1-12/15/2020S; PUT-BARCO-3-09/28/2021S; PUT-BARCO-3-09/28/2021S; The LAKEWATCH Sample Collection and Field SOP (8-1-2024) does not discuss sample drop off and pick up procedures.	PUT-ROWAN-2-08/27/2019S; ESC-BA-GRANDE-3-04/28/2019S; ALA-SANTAFEP C-1-12/15/2020S; PUT-BARCO-3-09/28/2021S; GUL-ST-PHBAY-5-04/24/2024S	Required: Provide missing records or an explanation of why they are missing. Ensure all records are retained for a minimum of 5 years. Revise current LAKEWATCH SOP to include sample drop off and pick up procedures.	The matrix spike preparation for the 2019 audited samples and the lot number for the TP standard of the 2021 audited samples was not maintained. As of August 2024, to maintain more thorough documentation, routine checks for all laboratory reagents are recorded in a timely manner, and regular reviews are conducted to ensure accuracy. The Sample Collection and Field SOP will be updated to include sample drop-off and pick-up procedures.	August 2024 (matrix spike logs) April 2026 (drop off and pick up procedures)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
10.	TN, TP	Chapter 62-160.340 (1) (a-b), F.A.C.; LAKEWAT CH SOP (2020) p. 14-17 & 24	Digestion temperatures are not documented or retained for all audited samples. The date/time of digestion are not documented or retained for the following samples: PUT-ROWAN-2-08/27/2019S, ESC-BA-GRANDE-3-04/28/2019S. For PUT-BARCO-3-09/28/2021S, the Total Phosphorus analysis date and time (10/11/2021 08:46) falls before the digestion date and time (10/11/2021 10:01).	All	Required: Document digestion dates, times, and temperatures associated with TN and TP analyses. Ensure all records are retained for a minimum of 5 years. Clearly designate the temperature (or range of temperatures) at which samples must be digested. Explain the discrepancy between TP digestion and analysis information for PUT-BARCO-3-09/28/2021S. Perform a second-level review of data entries for	The digestion temperature will be documented in the lab sheets. Since January 2026, we have recorded and stored a record of each digestion cycle on a flash drive. Our lab staff check the prints after each digestion; if temperatures were not maintained, the sample batch is re-autoclaved. A checkbox indicating this review has been done will be added to our lab data sheets to record this effort. Furthermore, the laboratory will download these records every 6 months and retain digital autoclave cycle records for 5 years. The TP digestion and analysis timing for sample PUT-BARCO-3-09/28/2021S were recorded incorrectly (reversed) and will be corrected in the lab sheet to reflect the actual sequence of events.	April 2026 (lab SOP) September 2026 (documentation)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
					electronic records to verify correct entries for the affected samples including the correct digestion, preparation, and analysis dates. Revise current laboratory SOPs with digestion procedures and documentation elements for TN and TP. Recommended: Implement a data logger that documents temperature of the digestion block over time for the duration of the digestion process.			
11.	TN, TP	LAKEWATCH SOP (2020) p.13; LAKEWATCH Lab Records	For samples ESC-BA-GRANDE-3-04/28/2019S and PUT-ROWAN-2-08/27/2019S, only one method blank was included for	Run size >60 samples: ESC-BA-GRANDE-3-04/28/2019S;	No Corrective Action Needed: Ensure maximum analytical run size of 20 samples.	The LAKEWATCH SOP (2020) was replaced in 2024, including updated procedures for TN and TP. The revised SOP specifies a maximum	July 2024 (TN and TP)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
		Audit (January 31, 2020) Table 2 Finding 14; Florida LAKEWATCH QA/QC Guidelines for Nutrient Analysis, (Ver 1., 7/2024);	the analytical run of over 60 samples. No other QC samples were included. Batch size too large, over 20 samples were run between associated QC samples (method blanks, matrix spikes, CCVs). An outcome of the 2020 LAKEWATCH audit was to reduce the analytical run size to 40 samples. This corrective action was documented in the revised LAKEWATCH SOP (2020) and the change was implemented 11/2019. Auditors found that the lab has implemented the corrective action and has continued to	PUT-ROWAN-2-08/27/2019S; Run size approximately 32-33 samples: ALA-SANTAFEP C-1-12/15/2020S; PUT-BARCO-3-09/28/2021S; Run size approximately 25-30 samples: SEM-LOST-1-01/01/2022S; POL-CROOKED-1-06/26/2022S; VOL-NORTHTAL-1-01/06/2023S; CHA-SUNAPEE-1-01/09/2023S;	Analyze the appropriate number and types of blanks and QC samples at the correct frequency in each run as described in the LAKEWATCH QA/QC Guidelines for Nutrient Analysis in the Florida LAKEWATCH analytical lab (Ver 1., 7/2024). Required: Revise or replace the LAKEWATCH SOP (2020) to reflect current QA/QC processes.	analytical run size of 20 samples and defines the appropriate number, types, and frequency of blanks and QC samples for each run. Thus, no further changes have been made relative to this comment.		

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
			reduce its analytical run size over the audited period from the sample (ALA-SANTAFEPC-1-12/15/2020S) analysis date 1/21/2021 through sample (GUL-ST-PHBAY-5-04/24/2024S) analysis date 5/29/2024. A new SOP, Florida LAKEWATCH QA/QC Guidelines for Nutrient Analysis in the Florida LAKEWATCH analytical lab (Ver 1.), became effective July 22, 2024. This SOP requires a run size of 20 samples, which auditors found is currently followed for audited samples analyzed after this effective date.	Run size approximately 21-25 samples: MON-CU-CUDJOE-4-03/05/2024S PIN-JUNGLE-SI-1-03/23/2024S; GUL-ST-PHBAY-5-04/24/2024S				

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
12.	TN, TP	Chapter 62.160.340 (2)(f)(3), F.A.C. 2016 TNI V1M4 1.7.1.2; LAKEWAT CH SOP (2020) p. 15, 16, 18 & 25; Florida LAKEWAT CH QA/QC Guidelines for Nutrient Analysis (Ver 1., 7/2024) Section 2.2.1.	There is no Continuing Calibration Verification (CCV/LCS/'S') previous to the audited sample. Therefore, bracketing was not met.	TN: ALA-SANTAFEP C-1-12/15/2020S; POL-CROOKED-1-06/26/2022S; ESC-BA-GRANDE-3-04/28/2019S; PUT-ENSLOW-2-08/20/2024S; HIL-GRANT-1; MON-CU-CUDJOE-4-03/05/2024S TP: PUT-ROWAN-2-08/27/2019S; ALA-SANTAFEP C-1-12/15/2020S; POL-CROOKED-1-06/26/2022S; ESC-BA-GRANDE-3-04/28/2019S;	Required: Ensure CCVs chronologically bracket all sample batches. Reissue data for the affected samples. Include a J-qualifier and a comment indicating that appropriate QC did not accompany samples.	Since August 2024 the sequence has been as follows: 1. MBLK 2. 20 Samples 3. MS 4. DUP 5. LFB1 (ALTQC, second source) 6. CCV As a corrective action, the batch sequence will be revised to the following order: 1. ICV (ALTQC, second source) 2. MBLK1 3. 20 Samples 4. MS1 5. DUP 1 6. CCV1 7. MBLK2 8. 20 Samples 9. MS2 10. DUP2 11. CCV2 If a CCV fails, all samples run between the CCVs will either be reanalyzed or the data will be qualified with a J-qualifier and a comment. This revised	September 2026 (revised batch sequence) October 2026 (WIN corrections)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
				PUT- ENSLow-2- 08/20/2024S; HIL- GRANT-1; MON-CU- CUDJOE-4- 03/05/2024S		sequence will be implemented for all future analytical batches. Please see our response to comment #23 regarding J-qualifiers for TN and TP.		
13.	TN, TP	Chapter 62.160.340 (2)(e), F.A.C.; LAKEWAT CH SOP (2020) p. 15, 17; Florida LAKEWAT CH QA/QC Guidelines for Nutrient Analysis (Ver 1., 7/2024) Section 2.2.1.	There is no record of the Initial Calibration Verification (ICV).	All	Required: Ensure an ICV is run consecutively to the Initial Calibration of the instrument. Record dates, times, and standard information associated with the ICV.	An ICV with the second source standard to serve as a check on the calibration will be run after initial calibration, and all the related information will be documented.	September 2026	Acceptable.
14.	TN, TP	Chapter 62.160.340 (2)(e)(2), F.A.C.; LAKEWAT CH SOP (2020) p. 14 & 15; Florida LAKEWAT	The date and time of the Initial Calibration (IC)/calibration curve is not documented on the Excel Lab Sheet.	All	Required: Record dates and times of the instrument calibration.	The initial calibration verification (ICV) will be run after initial calibration and the date and time will be recorded. The "Analysis" date and time recorded in the lab sheets reflects	September 2026	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
		CH QA/QC Guidelines for Nutrient Analysis, (Ver 1., 7/2024) Section 2.2.1.				the date and time of calibration curve. We will add language to our lab sheets to make this clearer.		
15.	TN, TP	TNI 2016 V1M4 section 1.5.2.2.2; LAKEWAT CH SOP (2020) p. 25; Florida LAKEWAT CH QA/QC Guidelines for Nutrient Analysis, (Ver 1., 7/2024)	It is unclear whether PQL verification standards are evaluated for samples with result value < PQL. PQL verification is not discussed in the 7/22/2024 Quality Assurance and Quality Control (QA/QC) Guidelines for Nutrient Analysis in the Florida LAKEWATCH analytical lab.	PUT-BARCO-3-09/28/2021S; PUT-ENSLOW-2-08/20/2024S; MON-CU-CUDJOE-4-03/05/2024S	Required: Ensure PQL verification standards with concentrations at or below the PQL are run, and auditors recommend that this verification is done at least quarterly. Recommend adding PQL verification to the 7/2024 SOP.	Thank you for this suggestion. PQL verification tests for TP/TN will be conducted quarterly and documented separately. The QA/QC SOP will be revised accordingly to incorporate PQL verification testing.	July 2026	Acceptable.
16.	TN	LAKEWAT CH SOP (2020) p. 13	More than 10 days passed between sample prep/pour-out and analysis.	ALA-SANTAFEP C-1-12/15/2020S; HIL-BRANT-1-2025-01-30S	Required: Ensure samples are analyzed within 10 days of the pour-out date.	Every effort will be made to ensure samples are analyzed within 10 days of the pour-out date. If we exceed this 10-day limit, we will qualify results with a J.	April 2026	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
17.	TN, TP	Chapter 62.160.340 (2)(e), F.A.C.; LAKEWAT CH SOP (2020) p.15 & 17	Units are not documented for standards used for the calibration curve.	PUT-BARCO-3-09/28/2021S; SEM-LOST-1-01/01/2022S; POL-CROOKED-1-06/26/2022S; ESC-BA-GRANDE-3-04/28/2019S; VOL-2023S; CHA-SUNAPEE-1-01/09/2023S; SUNAPEE-1-01/09/2023S; GUL-ST-PHBAY-5-04/24/2024S; PIN-JUNGLE-SI-1-03/23/2024S; MON-CU-CUDJOE-4-03/05/2024S	Required: Ensure all information associated with reagent synthesis and standard.	The unit designation has been incorporated into the laboratory worksheets as of August 2024. Thus, no further changes have been made relative to this comment.	August 2024	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
18.	TP	LAKEWAT CH SOP (2020) p. 25; Florida LAKEWAT CH QA/QC Guidelines for Nutrient Analysis, (Ver 1., 7/2024); Total Phosphorus Analysis SOP (Jun 26, 2024)	The laboratory reported percent recovery of the CCV standard fell outside the acceptance range of 90-110%	GUL-ST-PHBAY-5-04/24/2024S	Required: Reissue data for the affected samples. Include a J-qualifier and a comment indicating that appropriate QC did not accompany samples.	Thank you for bringing this to our attention. A J-qualifier with a comment regarding QC will be added to this result. Since August 2024, the fields related to QA/QC checks automatically populate with the results in our lab sheets, helping to avoid future recurrence of missing J-qualifiers.	October 2026 (WIN corrections)	Acceptable.
19.	TN	QA Rule 62-160.340 (2)(e)(2), F.A.C. LAKEWAT CH SOP (2020) p. 17	Calibration verification standard concentrations were not clearly documented on the Excel Lab Sheet.	PUT-ROWAN-2-08/27/2019S; ESC-BA-GRANDE-3-04/28/2019S; HIL-BRANT-1-2025-01-30S; MON-CU-CUDJOE-4-03/05/2024S	Required: Ensure concentrations of standards used for calibration verifications corresponding to the analysis are documented and retained.	Calibration verification standard (CCV) concentrations were added to the Excel lab sheets starting in August 2024. The initial calibration verification (ICV) will be added to the lab sheets in September 2026. All related records will be documented in the lab sheets accordingly.	September 2026	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
20.	TN, TP	QA Rule 62-160.340 (2)(e)(2), F.A.C.; LAKEWAT CH SOP (2020) p. 15, 17 & 25	Percent recovery of the CCV was not calculated or documented.	PUT-ROWAN-2-08/27/2019S; ESC-BA-GRANDE-3-04/28/2019S	Required: Evaluate percent recovery for the affected samples. If outside acceptance criteria, reissue data for the affected samples. Include a J-qualifier and a comment indicating that appropriate QC did not accompany samples.	The CCVs for these samples were reviewed and confirmed to be within acceptance criteria. As of August 2024, the percent recovery of our CCVs are automatically calculated in our lab documentation, and qualifiers are applied when results fall outside criteria. Thus, no further changes have been made relative to this comment.	August 2024	Acceptable. Please note that only the 'code,' 0 or 1, designating whether the percent recovery fell within the acceptance criteria was documented for the affected samples; the percent recovery was not documented. The calculated values of the percent recoveries must be documented, and were documented for other audited samples.
21.	TP, TN	QA Rule 62-160.340 (2)(f)(3), F.A.C.; LAKEWAT CH SOP (2020) p. 13	The documented concentration of the matrix spike does not align with the percent recovery calculations.	PUT-ENSLOW-2-08/20/2024S; HIL-BRANT-1-2025-01-30S	Required: Ensure matrix spike concentration is accurately documented and that all associated calculations are completed correctly.	The TN matrix spike (MS) failure associated with the indicated samples (i.e., County: Walton, Lake: CBA Freeport-2, dated 5/26/2024) was not uploaded to WIN because the sample was designated for reanalysis. In cases of matrix spike failure, the laboratory performs a retest to confirm that the issue is	NA	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
						not due to spike preparation inaccuracy. If the matrix spike continues to fail upon reanalysis, the appropriate qualifier is applied to the reported result. The sample was subsequently retested, and the matrix spike recovery met the acceptance criteria of 85%–115%. Please note that the samples requested for the audit were not the same samples used for the matrix spike evaluation; thus, the re-test was not shared. As of August 2024, the percent recovery of our matrix spikes are automatically calculated in our lab documentation, and qualifiers are applied when results fall outside criteria. No further changes have been made relative to this comment.		

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
22.	TP	LAKEWATCH SOP (2020) p. 25	The laboratory reported percent recovery of the matrix spike fell outside the expected range of 90-110%. The parent sample of the failed matrix spike was not qualified.	HIL-BRANT-1-2025-01-30S; PIN-JUNGLE-SI-1-03/23/2024S	Required: Reissue data for the affected samples. Include a J-qualifier and a comment indicating that appropriate QC did not accompany samples. Qualifier only applies to the parent sample of the failed matrix spike.	The matrix spike acceptance range of 85-115%, which aligns with DEP SOP NU-038-1.24, Nutrients: Quality Assurance and Quality Control, was adopted in the 2024 LAKEWATCH SOP. Thus, no further changes have been made relative to our QAQC protocols. However, we will assign a J-qualifier for sample (PIN-JUNGLE-SI-1-03/23/2024S) because it had a matrix spike recovery of 59% and was outside of our LAKEWATCH SOP thresholds. However, sample HIL-BRANT-1-2025-01-30S had a matrix spike recovery of 88% and will remain unqualified.	October 2026 (WIN correction)	Acceptable.
23.	TN	QA Rule 62-160.340 (2)(f)(3), F.A.C.; LAKEWATCH SOP (2020) p. 13	The matrix spike concentration is not documented and the percent recovery was not calculated.	ALA-SANTAFEP C-1-12/15/2020S; VOL-NORTHTAL-1-01/06/2023S;	Required: Evaluate percent recovery for the affected samples. If the matrix spike is determined to be outside acceptance	Matrix spike concentrations and percent recovery have been more reliably documented in our lab sheets from August 2024 onward, helping to address the root of the issue, and the	April 2026 (SOP updates) October 2026 (WIN corrections)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
				CHA-SUNAPEE-1-01/09/2023S	criteria, reissue data for the affected parent samples of the matrix spike. Include a J-qualifier and a comment indicating that appropriate QC did not accompany samples.	relevant procedures will be documented in our updated SOPs. We plan to communicate with our WIN coordinator to issue J-qualifiers and comments indicating that appropriate QC did not always accompany TN and TP results during the audited time, through August 2024. Even though the vast majority of TN and TP results likely met acceptance criteria, we do not always have the past QAQC records to prove that no J-qualifier was required.		
24.	TN	LAKEWAT CH SOP (2020) p. 13	There are no matrix spikes included in the analytical run. There are samples in the run with station #s "2+, 3+" etc. Auditors are unclear what these designations mean.	PUT-ROWAN-2-08/27/2019S; SEM-LOST-1-01/01/2022S; POL-CROOKED-1-06/26/2022S; ESC-BA-GRANDE-3-04/28/2019S	Required: Reissue data for the affected samples. Include a J-qualifier and a comment indicating that appropriate QC did not accompany samples. Clarify what the "2+, 3+"	The designations "2+" and "3+" indicate matrix spike samples, where "+" denotes a matrix spike and "2" and "3" represent the sampling stations. Beginning in August 2024, matrix spike information has been more reliably documented and linked to each analytical batch, helping to	August 2024 (matrix spike information in lab sheets) April 2026 (SOP updates) October 2026 (WIN corrections)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
					sample/station IDs refer to. Revise current LAKEWATCH TN SOP to clarify the meaning of station/sample identifiers such as “2+” and “3+,” ensuring the SOP matches current laboratory and field practices.	address the root of the issue. The updated SOP will detail the identifiers used for matrix spikes in our lab sheets.		
25.	TN, TP	Chapter 62-160.340(2)(d)(3), F.A.C.; LAKEWATCH SOP (2020) p. 16 & 18	Relative percent difference (RPD) was not calculated or recorded for sample duplicates.	TN: PUT-ROWAN-2-08/27/2019S; ESC-BA-GRANDE-3-04/28/2019S; CHA-SUNAPEE-1-01/09/2023S TP: PUT-ROWAN-2-08/27/2019S; ESC-BA-GRANDE-3-04/28/2019S	Required: Ensure RPDs are properly calculated and recorded, and qualify any samples where sample duplicate RPD results fall outside the acceptance range.	The RPD failure was identified in the lab documentation for the following TN samples: PUT-ROWAN-2 - 08/27/2019S and CHA-SUNAPEE-1 - 01/09/2023S. The corresponding samples should have been issued J-qualifiers and comments indicating RPD results were outside the acceptance range. No RPD failure was identified for TP for the run.	August 2024 (RPD calculations in lab sheets) October 2026 (WIN corrections)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
						As of August 2024, the percentage difference of our replicates is automatically calculated in our lab documentation, and qualifiers are applied when results fall outside criteria. Thus, the root of this issue has been addressed to the best of our ability, and no further changes have been made relative to this comment. More broadly, however, we plan to issue J-qualifiers and comments indicating that appropriate QC did not always accompany TN and TP results during the audited period up until August 2024. Please see our response to comment #23 regarding J-qualifiers.		
26.	All	Chapter 62-160.340(1)(b), F.A.C.; LAKEWAT CH SOP	All samples from the waterbody had the same station number "1" entered in the	TN: ALA-SANTAFEP C-1-12/15/2020S;	Required: Determine the cause of the discrepancy. Ensure stations	Although the nomenclature may be confusing, the station number of "1" in the station column for these	NA	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
		(2020) p. 4, 13 & 25.	sample Excel Lab Sheet “station” column. Incorrect station numbers were also uploaded to WIN for stations in the run.	MON-CU-CUDJOE-4-03/05/2024S TP: ESC-BA-GRANDE-3-04/28/2019S; MON-CU-CUDJOE-4-03/05/2024S	are documented accurately on the Excel Lab Sheet.	audited samples was correct. Lake Santa Fe has three main sampling stations (1, 2, and 3), but the audited sample was from a supplemental (“extra”) location along an associated canal. It was assigned a different waterbody name along with “1” as the only station number, to keep this location separate from the lake for the purposes of routine reporting or lake classification assessments. River/stream and estuary sampling locations have “station” numbers incorporated directly into the waterbody name rather than in the station column. Cudjoe-4 and Bayou Grande-3 are both estuary waterbody names incorporating the “station” number and should always be given a “1” in the station column.		

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
						No changes have been made relative to this comment.		
27.	Specific Conductance	Chapter 62-160.340(2)(e), F.A.C.; DEP SOPs FT 1000 and FT 1200, FD 4100 sections 2.1-2.7; LAKEWATCH SOP (2020) p. 22; Conductivity Analysis laboratory SOP (8-1-2024) section 10.2	Initial calibration results for the bench conductivity meter used for conductivity measurements were not documented. For samples PUT-ROWAN-2-08/27/2019S and ESC-BA-GRANDE-3-04/28/2019S, run does not include calibration, initial calibration verification (ICV), or continuing calibration verification standards (CCVs). The Conductivity Analysis laboratory SOP and LAKEWATCH SOP (2020) state that the acceptance limits for CCV are 90 - 110 %.	PUT-ROWAN-2-08/27/2019S; ALA-SANTAFEP C-1-12/15/2020S; PUT-BARCO-3-09/28/2021S; SEM-LOST-1-01/01/2022S; ESC-BA-GRANDE-3-04/28/2019S; VOL-NORTHTAL-1-01/06/2023S; CHA-SUNAPEE-1-01/09/2023S; GUL-ST-PHBAY-5-04/24/2024S	Required: Perform and document initial calibration for the specific conductance meter as described in the DEP SOPs. Perform ICVs and CCVs at appropriate intervals to meet the chronological bracket and quantitatively bracket the expected sample concentration range. Evaluate all calibrations and verifications against the acceptance criteria in DEP SOP Table FT 1000-1 and revise the Conductivity	We will reissue all specific conductance results with J-qualifiers for the audited period, along with comments indicating that appropriate QC did not always accompany samples. Moving forward, our procedures and SOP will be updated with acceptance criteria of $\pm 5\%$ to follow the DEP SOP, and we will update calibration CCV procedures as appropriate to follow the DEP SOP and to ensure chronological bracketing and to quantitatively bracket the expected sample concentration range. Our new batch order will be: Calibrants: 100 $\mu\text{S}/\text{cm}$, 10,000 $\mu\text{S}/\text{cm}$, 100,000 $\mu\text{S}/\text{cm}$ Low CCV1: 100 $\mu\text{S}/\text{cm}$ High CCV1: 100,000 $\mu\text{S}/\text{cm}$	September 2026 October 2026 (WIN corrections)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
			However, the DEP SOP acceptance criteria is $\pm 5\%$. The corrective action from the LAKEWATCH Lab Records Audit (January 31, 2020) in Table 3 Finding 7 states LAKEWATCH will follow DEP SOP FT 1200 for conductivity instrument calibration and verification as of November 2019.		Analysis laboratory SOP and LAKEWATCH SOP (2020) with the acceptance criteria. Ensure all records are retained for a minimum of 5 years. For samples PUT-ROWAN-2-08/27/2019S and ESC-BA-GRANDE-3-04/28/2019S, reissue data for the affected sample results. Include a J-qualifier and a comment indicating that appropriate QC did not accompany samples.	Batch sample Low CCV2 100 $\mu\text{S}/\text{cm}$ High CCV2 100,000 $\mu\text{S}/\text{cm}$		

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
28.	Specific conductance	DEP SOPs FT 1000 and FT 1200	The ICV or CCV did not pass the DEP SOP acceptance criteria of $\pm 5\%$ for the 30,000 $\mu\text{S}/\text{cm}$ standard. For VOL-NORTHTAL-1-01/06/2023S, no CCV over 300 $\mu\text{S}/\text{cm}$ was conducted. Results exceeding 300 $\mu\text{S}/\text{cm}$ within the run were not quantitatively bracketed.	ALA-SANTAFEP C-1-12/15/2020S; SEM-LOST-1-01/01/2022S; CHA-SUNAPEE-1-01/09/2023S; VOL-NORTHTAL-1-01/06/2023S	Required: Evaluate verifications against the acceptance criteria in DEP SOP Table FT 1000-1. Reissue data for the affected sample results. Include a J-qualifier and a comment indicating that the result did not meet acceptance criteria.	Please refer to our response to comment #27 regarding reissuing all specific conductance results with J-qualifiers for the audited period. Moving forward, we will apply a 5% acceptance criterion for CCV for specific conductance. Additionally, 100 $\mu\text{S}/\text{cm}$ and 100,000 $\mu\text{S}/\text{cm}$ standards will be used for quantitative analysis.	July 2026 October 2026 (WIN corrections)	Acceptable.
29.	Specific conductance	DEP SOPs FT 1000 and FT 1200	There is no indication of ICV performed in the analytical run. CCVs were conducted using only a 1000 $\mu\text{S}/\text{cm}$ standard. Results were not quantitatively bracketed.	PUT-ENSLOW-2-08/20/2024S; HIL-BRANT-1-2025-01-30S	Required: Evaluate the quantitative bracket for the analytical run. Reissue data for the affected sample results. Include a J-qualifier and a comment indicating that the result was not quantitatively bracketed.	Please refer to #27 regarding reissuing all specific conductance results with J-qualifiers for the audited period. Moving forward, CCVs will be added before and after sample batches.	July 2026 October 2026 (WIN corrections)	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
30.	Specific conductance	DEP SOP FD 4100, sections 1.1 – 1.3	A logbook documenting information about standards and reagents used for calibrations, verifications, and sample measurements including date of receipt, the expiration date and the date of first use for all standards and reagents was not provided or maintained. Certificates of analysis (COA) with the assayed or certified values, descriptions, and expiration dates of all applicable standards used for all calibrations and verifications were not retained or inconsistently retained for audited samples.	All Missing COA: PUT-ROWAN-2-08/27/2019S; ESC-BA-GRANDE-3-04/28/2019S; GUL-ST-PHBAY-5-04/24/2024S; HIL-BRANT-1-2025-01-30S	Required: Document and retain records of date of receipt, the expiration date, the date of first use, the assayed or certified value, description, and expiration date for each applicable calibration and verification standard used for all calibration and verification activities. Ensure all records are retained for a minimum of 5 years.	We will maintain complete and accurate documentation for all calibration and verification standards used for all calibration and verification activities, including the date of receipt, the expiration date, the open date, the assayed or certified value, description, and expiration date. Records will be retained for at least 5 years.	March 2026	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
31.	Specific conductance	DEP SOP Table FS 1000-4	Holding time of 28 days was not met for the analysis and the result was not appropriately Q qualified.	PUT-ROWAN-2-08/27/2019S	Required: Evaluate specific conductance results using the maximum holding time of 28 days. Reissue result with the Q qualifier and correct in WIN database.	We will reissue all specific conductance results with Q-qualifiers for the audited period (2019-2025) and continue to issue Q-qualifiers for new specific conductance results.	May 2026 (qualifying new specific conductance results) October 2026 (WIN corrections)	Acceptable.
32.	Chlorophyll <i>a</i>	LAKEWATCH SOP (2020) p. 20	There is only 1 blank in the analytical run. It is not clear whether it is a method blank (ethanol only) or filter blank.	All	Required: Analyze and evaluate a method blank and a filter blank in accordance with the LAKEWATCH SOP.	The LAKEWATCH SOP will be revised to clarify the method blank is filtered before being extracted with 8 mL ethanol.	April 2026	Acceptable.
33.	Chlorophyll <i>a</i>	SM 10200 H 2. B.; 2016 TNI V1M2 5.10.1; LAKEWATCH SOP (2020) p. 24	Audit data reduction checks indicate that uploaded or reported values do not match the laboratory calculated values. For PUT-ENSLOW-2-08/20/2024S: Laboratory	PUT-ENSLOW-2-08/20/2024S; MON-CUCUDJOE-4-03/05/2024S	Required: Account for the discrepancy between DEP's calculated result and LAKEWATCH's results. Issue corrected results if it is determined that the true results	We reviewed the chlorophyll calculations related to these samples, and it appears that the discrepancy was due to a typo on the part of the auditors. After discussion and review with the auditors, we determined the calculations agreed. Thus, no changes have	N/A	Acceptable. Auditor error has been corrected. LAKEWATCH sample result calculations for the audited samples are correct.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
			reported 1 µg/L for chlorophyll <i>a</i> - uncorrected, DEP audit calculated result was 33.7 µg/L. For MON-CU-CUDJOE-4-03/05/2024S: Laboratory reported 1 µg/L U for chlorophyll <i>a</i> - uncorrected, DEP audit calculated result was 5.71 µg/L. Laboratory reported 1 µg/L U for chlorophyll <i>a</i> - corrected, DEP audit calculated result was 3.20 µg/L.		are different than what was originally reported to WIN for the affected samples. Revise current LAKEWATCH SOP to include Calculations for chlorophyll determinations.	been made relative to this comment		
34.	Chlorophyll <i>a</i>	QA Rule 62-160.340 (1)(a), F.A.C.; LAKEWATCH Lab Records Audit (January 31, 2020) Table 2 Finding 26	Records for filter extractions are not maintained. This a repeat finding from the 2020 audit report. The lab response was, “[LAKEWATCH] will initiate filter extraction log, which will also be added to the WIN data sheet,”	All	Required: Document extraction procedures, including extraction date, extraction time, and water bath temperature, and retain records.	Based on discussions with DEP, the extraction temperature only needs to be specified in the SOP and does not need to be recorded separately in the laboratory worksheet. Thus, we will update our LAKEWATCH SOP accordingly.	May 2026	Acceptable.

Finding #	Analyte	Requirement Reference	Finding	Sample(s) Affected	Recommended or Required Corrective Action	Laboratory Response	Implementation Date	AEQAS Response
		LAKEWATCH SOP (2020) p. 24; Chlorophyll Analysis laboratory SOP section 8.9	Implementation Date 11/2019.			The initial filter extraction is documented in the laboratory worksheet under the preparation date, and the extraction date is also recorded in the same worksheet. Therefore, no changes to the lab sheet are required. All associated records will be retained for a minimum of five years.		

References and Method Resources

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