



1602 Clare Avenue
 West Palm Beach, FL 33401
 t: 561.833.4200 | info@evergladeslabs.com

Sam Payson
Northern Palm Beach County Improvement District
359 Hiatt Drive
Palm Beach Gardens FL 33418

The accompanying report provides the analytical results for the samples listed below. This report is created directly from our database system. The format is designed to comply with the reporting requirements of Chapter 62-160 Florida Administrative Code. The reported data is divided into several sections. Information about each sample is separated by bold lines. In this grouping, sample information appears first which includes the sample number, date and time of collection and receipt in the laboratory, sample collector, sample identifiers and the receipt condition. Each analyte is listed below the appropriate header, starting with METHOD. The Method number, analyte name, results, date (and time) of extraction and analysis, analyst initials, MDL, PQL, batch number, CAS number, duplicate analysis if available, bottle number and field preservation information are listed. Quality assurance information is below the analysis information. Where no data is available, zero is used as a placeholder. Headers describing the information being reported only appear if data is available. Matrix spike and matrix spike duplicate information appears on the left, LCS (Laboratory Control Sample) information appears on the right. The lower space of this section is provided for comments. This line ends with the laboratory ID number for that particular analyte. Reports from other laboratories that provided some of the testing for this report are transmitted as part of this report, but results are not necessarily entered into our data system. Invoices and reports list the total number of pages and the page numbers of official Everglades Laboratories, Inc. documents only. Reports may be printed in duplex mode. Field data may be printed as a separate report document

SAMPLE:	DATE/TIME COLLECTED	CONDITION	MATRIX
189803 Lake S/S Juno Isles Blvd.	07/09/20 1150	4.3°C Wet Ice	SW

LAB ID E86048

PAGES - INVOICE	PAGES-REPORT	PAGES-COC	PAGES-SCR-AAR:
1	1	14	

10-Aug-20
 189803 187216 1036 17130
 FORM DATE 1-17-17



Page 1 of 1





EVERGLADES
Laboratories, Inc.

**SAMPLE INSTRUCTIONS
AND CHAIN OF
CUSTODY FORM**

Invoice: 17113
Sample No: **189803**

17130

1602 Clare Avenue
West Palm Beach, FL 33401
t: 561.833.4200 | info@evergladeslabs.com



575
7/9/2020

1036
187216
Northern Palm Beach County Improvement District
359 Hiatt Drive
Palm Beach Gardens FL 33418
P: 561 624 7830 F: 561 624 7839

SCHEDULED: 7/9/2020
FREQUENCY: MONTHLY
PROJECT: SURFACE WATER SAMPLE
Lake; S/S Juno Isles Blvd., North Palm Beach, FL 33408

PWSID:
Lake S/S Juno Isles Blvd.

COMPOSITE SET UP DATE TIME

*Field measurements made with HH01 FOR pH, TEMP, DO AND COND - 170112567032;. pH ALSO WITH OA02

BDESC	AN METHOD	ANALYTE
5 Plastic 250ml + HNO3	5419 EPA 200.7	Sodium
16 Plastic 250ml	5457 EPA 300.0	Chloride

15342
15401

DO	TEMP	SLOPE	READS	TABLE	TIME	pH 7.00	SET	READS	TIME
COND	SET	VALUE	READS	TIME		pH 4.01	SET	READS	TIME
COND	SET	VALUE	READS	TIME		pH ICV	SET	READS	TIME
COND	SET	VALUE	READS	TIME		pH CCV	SET	READS	TIME
DO mg/L	T °C	SC μS/cm	pH	T or F	Cl2 mg/L	WL Ft	DEPTH Ft		

SAMPLE COLLECTED BY: [Signature] DATE: 7-9-20 TIME: 11:50

Bottle Temp °C 7.3 Wet Ice

SAMPLE RELINQUISHED BY: [Signature] DATE: 7-9-20 TIME: 12:46

SAMPLE RECEIVED BY: [Signature] DATE: 7-9-20 TIME: 12:46 RG

SAMPLE RELINQUISHED BY: [Signature] DATE: 7-9-20 TIME: 12:46

SAMPLE RECEIVED BY: [Signature] DATE: 7-9-20 TIME: 12:46

Acid preserved sample verification: record pH H2SO4: HNO3: NaOH: HCL:



Sample Condition Report (SCR)

3101/22/2016SAMPLE CONDITION REPORT11

Client: Northern Palm Beach County Improvement District

Invoice No

Samples Delivered B

12
BOG

Samples Received By

BM3

Date Form Completed

17130
17117
7/9

Check all applicable fields:

PWSID

Sample appearance OK	YES <input checked="" type="checkbox"/>	NO	Containers conform to samples	YES <input checked="" type="checkbox"/>	NO
Chain of Custody Document	YES <input checked="" type="checkbox"/>	NO	Chlorine residual Present	YES	NO <input checked="" type="checkbox"/>
Containers Intact	YES <input checked="" type="checkbox"/>	NO	Sample underfilled	YES	NO <input checked="" type="checkbox"/>
Sample Labels Match COC	YES <input checked="" type="checkbox"/>	NO	Ice or Ice Packs Present	YES <input checked="" type="checkbox"/>	NO
Sample Preservative Verification	YES <input checked="" type="checkbox"/>	NO	Packing Material	None <input checked="" type="checkbox"/>	Bubble Wrap Paper
			Sample within Hold Time	YES <input checked="" type="checkbox"/>	NO
			VOC Vials without bubbles	YES <i>NA</i>	NO
			Analyses Subbed? Lab	<i>PACE</i>	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>

Fluke IR Thermometer FL01 Used to Measure Representative Bottle. FL TID44.3°C Wet Ice Wet Ice ___ Blue Ice ___ No ice

Project No 187216

Sample No.	Date/Time Collected	Date/Time Received	Sampled By	Sample Matrix	No. of Container
189803	7/9/2020 1150	7/9/2020 1246	RG	SW	<input type="text" value="1"/>

Lake S/S
Juno Isles
Blvd.

CID: *1540/15342*

<i>67</i>	<i>5</i>										
-----------	----------	--	--	--	--	--	--	--	--	--	--

Bottle Desc:



Analysis Assignment Report (AAR)



1036

Northern Palm Beach County Improvement Distr
359 Hiatt Drive

Palm Beach Gardens FL 33418

Sample Number **189803**

Date Collected 7/9/2020

Date Received 7/9/2020

Sample ID Lake S/S Juno Isles Blvd.

Time Collected 1150

Time Received 1246

ANALYTE

Chloride

Sodium

METHOD

EPA 300.0

EPA 200.7

LABID

E83079

E83079

LAB_NAME

Pace Analytical Services LLC

Pace Analytical Services LLC

July 30, 2020

Ph.D Ben Martin
Everglades Laboratories, Inc.
1602 Clare Avenue
West Palm Beach, FL 33401

RE: Project: 17113
Pace Project No.: 35564676

Dear Ph.D Martin:

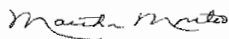
Enclosed are the analytical results for sample(s) received by the laboratory on July 22, 2020. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Ormond Beach

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Martha Montero
martha.montero@pacelabs.com
(386)672-5668
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
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CERTIFICATIONS

Project: 17113
Pace Project No.: 35564676

Pace Analytical Services Ormond Beach

8 East Tower Circle, Ormond Beach, FL 32174

Alaska DEC- CS/UST/LUST

Alabama Certification #: 41320

Arizona Certification# AZ0819

Colorado Certification: FL NELAC Reciprocity

Connecticut Certification #: PH-0216

Delaware Certification: FL NELAC Reciprocity

Florida Certification #: E83079

Georgia Certification #: 955

Guam Certification: FL NELAC Reciprocity

Hawaii Certification: FL NELAC Reciprocity

Illinois Certification #: 200068

Indiana Certification: FL NELAC Reciprocity

Kansas Certification #: E-10383

Kentucky Certification #: 90050

Louisiana Certification #: FL NELAC Reciprocity

Louisiana Environmental Certificate #: 05007

Maryland Certification: #346

Michigan Certification #: 9911

Mississippi Certification: FL NELAC Reciprocity

Missouri Certification #: 236

Montana Certification #: Cert 0074

Nebraska Certification: NE-OS-28-14

New Hampshire Certification #: 2958

New Jersey Certification #: FL022

New York Certification #: 11608

North Carolina Environmental Certificate #: 667

North Carolina Certification #: 12710

North Dakota Certification #: R-216

Ohio DEP 87780

Oklahoma Certification #: D9947

Pennsylvania Certification #: 68-00547

Puerto Rico Certification #: FL01264

South Carolina Certification: #96042001

Tennessee Certification #: TN02974

Texas Certification: FL NELAC Reciprocity

US Virgin Islands Certification: FL NELAC Reciprocity

Virginia Environmental Certification #: 460165

West Virginia Certification #: 9962C

Wisconsin Certification #: 399079670

Wyoming (EPA Region 8): FL NELAC Reciprocity

REPORT OF LABORATORY ANALYSIS

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SAMPLE SUMMARY

Project: 17113
Pace Project No.: 35564676

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35564676001	18903	Water	07/09/20 11:50	07/22/20 00:00

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: 17113
Pace Project No.: 35564676

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35564676001	18903	EPA 200.7	ATC	1	PASI-O
		EPA 300.0	NMT	1	PASI-O

PASI-O = Pace Analytical Services - Ormond Beach

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 17113
Pace Project No.: 35564676

Sample: 18903 **Lab ID: 35564676001** Collected: 07/09/20 11:50 Received: 07/22/20 00:00 Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP	Analytical Method: EPA 200.7 Preparation Method: EPA 200.7 Pace Analytical Services - Ormond Beach								
Sodium	106	mg/L	2.0	0.54	1	07/22/20 16:13	07/24/20 02:18	7440-23-5	
300.0 IC Anions 28 Days	Analytical Method: EPA 300.0 Pace Analytical Services - Ormond Beach								
Chloride	218	mg/L	25.0	12.5	5		07/30/20 00:11	16887-00-6	

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: 17113
Pace Project No.: 35564676

QC Batch: 650713 Analysis Method: EPA 200.7
QC Batch Method: EPA 200.7 Analysis Description: 200.7 MET
Laboratory: Pace Analytical Services - Ormond Beach

Associated Lab Samples: 35564676001

METHOD BLANK: 3537818 Matrix: Water
Associated Lab Samples: 35564676001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Sodium	mg/L	0.54 U	2.0	0.54	07/24/20 01:33	

LABORATORY CONTROL SAMPLE: 3537819

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Sodium	mg/L	12.5	12.2	98	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3537820 3537821

Parameter	Units	35564130001 Result	MS	MSD	MS	MSD	MS	MSD	% Rec	RPD	Max RPD	Qual
			Spike Conc.	Spike Conc.	Result	Result	% Rec	% Rec	Limits			
Sodium	mg/L	475	12.5	12.5	436	433	-314	-333	70-130	1	20	J(M1), L

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3537822 3537823

Parameter	Units	35564673001 Result	MS	MSD	MS	MSD	MS	MSD	% Rec	RPD	Max RPD	Qual
			Spike Conc.	Spike Conc.	Result	Result	% Rec	% Rec	Limits			
Sodium	mg/L	10100000 ug/L	12.5	12.5	6620	6500	-27800	-28800	70-130	2	20	J(M1), L

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: 17113
Pace Project No.: 35564676

QC Batch: 652649 Analysis Method: EPA 300.0
QC Batch Method: EPA 300.0 Analysis Description: 300.0 IC Anions
Laboratory: Pace Analytical Services - Ormond Beach

Associated Lab Samples: 35564676001

METHOD BLANK: 3548525 Matrix: Water
Associated Lab Samples: 35564676001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Chloride	mg/L	2.5 U	5.0	2.5	07/29/20 16:49	

LABORATORY CONTROL SAMPLE: 3548526

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Chloride	mg/L	50	50.8	102	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3548527 3548528

Parameter	Units	35563660001 Result	MS	MSD	MS	MSD	MS	MSD	% Rec	RPD	Max RPD	Qual
			Spike Conc.	Spike Conc.	Result	Result	% Rec	% Rec	Limits			
Chloride	mg/L	38.0	50	50	95.0	95.1	114	114	90-110	0	20	J(M1)

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3548529 3548530

Parameter	Units	35564664002 Result	MS	MSD	MS	MSD	MS	MSD	% Rec	RPD	Max RPD	Qual
			Spike Conc.	Spike Conc.	Result	Result	% Rec	% Rec	Limits			
Chloride	mg/L	54.1	50	50	112	112	116	115	90-110	0	20	J(M1), L

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: 17113
Pace Project No.: 35564676

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

- U Compound was analyzed for but not detected.
- J(M1) Estimated Value. Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.
- L Off-scale high. Actual value is known to be greater than value given.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 17113
Pace Project No.: 35564676

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35564676001	18903	EPA 200.7	650713	EPA 200.7	650804
35564676001	18903	EPA 300.0	652649		

REPORT OF LABORATORY ANALYSIS

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Sample Condition Upon Receipt Form (SCUR)

Project Manager: **WO# : 35564676**
 Client: **PM: MIM** Due Date: **07/30/20**
CLIENT: EVELAB

Date and Initials of person:
 Examining contents:
 Label:
 Deliver:
 pH:

Thermometer Used: Date: 7/22/20 Time: 00:01 Initials:

State of Origin: For WV projects fall containers verified to $\leq 6^{\circ}\text{C}$

Cooler #1 Temp. $^{\circ}\text{C}$ 3.0 (Visual) (Correction Factor) 3.1 (Actual) Samples on ice, cooling process has begun

Cooler #2 Temp. $^{\circ}\text{C}$ (Visual) (Correction Factor) (Actual) Samples on ice, cooling process has begun

Cooler #3 Temp. $^{\circ}\text{C}$ (Visual) (Correction Factor) (Actual) Samples on ice, cooling process has begun

Cooler #4 Temp. $^{\circ}\text{C}$ (Visual) (Correction Factor) (Actual) Samples on ice, cooling process has begun

Cooler #5 Temp. $^{\circ}\text{C}$ (Visual) (Correction Factor) (Actual) Samples on ice, cooling process has begun

Cooler #6 Temp. $^{\circ}\text{C}$ (Visual) (Correction Factor) (Actual) Samples on ice, cooling process has begun

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Shipping Method: First Overnight Priority Overnight Standard Overnight Ground International Priority

Other

Billing: Recipient Sender Third Party Credit Card Unknown

Tracking #

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No Ice: Wet Blue Dry None

Packing Material: Bubble Wrap Bubble Bags None Other

Samples shorted to lab (If Yes, complete) Shorted Date: Shorted Time: Qty:

	Yes	No	N/A	Comments:
Chain of Custody Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chain of Custody Filled Out	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rush TAT requested on COC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sufficient Volume	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correct Containers Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containers Intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sample Labels match COC (sample IDs & date/time of collection)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>NO Time or date on containers</u>
All containers needing acid/base preservation have been checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preservation Information: Preservative: <u> </u> Lot #/Trace #: <u> </u> Date: <u> </u> Time: <u> </u> Initials: <u> </u>
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: VOA, Coliform, TOC, O&G, Carbamates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trip Blank Present:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Client Notification/ Resolution:
 Person Contacted: Date/Time:

Comments/ Resolution (use back for additional comments):

Project Manager Review: Date:

Sample Condition Upon Receipt Form (SCUR)

Project #
Project Manager:
Client:

Date and Initials of person:
Examining contents: RD
Label: _____
Deliver: _____
pH: _____

Thermometer Used: T-343 Date: 7/21/20 Time: 1617 Initials: RD

State of Origin: _____ For WW projects, all containers verified to ≤6 °C

- | | |
|--|--|
| Cooler #1 Temp. °C <u>1.3</u> (Visual) <u>-0.1</u> (Correction Factor) <u>1.2</u> (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |
| Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) | <input type="checkbox"/> Samples on ice, cooling process has begun |

Courier: Fed Ex UPS USPS Client Commercial Pace Other _____

Shipping Method: First Overnight Priority Overnight Standard Overnight Ground International Priority
 Other _____

Billing: Recipient Sender Third Party Credit Card Unknown

Tracking # _____

Custody Seal on Cooler/Box Present: Yes No Seals Intact: Yes No Ice: Wet Blue Dry None

Packing Material: Bubble Wrap Bubble Bags None Other _____

Samples shorted to lab (if Yes, complete) Shorted Date: _____ Shorted Time: _____ Qty: _____

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: VOA, Coliform, TOC, O&G, Carbamates	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Client Notification/ Resolution:
 Person Contacted: _____ Date/Time: _____

Comments/ Resolution (use back for additional comments): _____

Project Manager Review: _____ Date: _____