



ACCESS
ANALYTICAL, INC.

ANALYTICAL REPORT

CLIENT:

Water Systems Inc
311 Dooley Road
Lexington, SC 29073

PROJECT:

Goat Island

REPORT DATE:

06.11.21

REPORT APPROVED BY:

Bryant W. Boyd
Laboratory Manager
bryant@axs-inc.com

Any questions related to this report should be directed to Access Analytical, Inc. via phone at 803.781.4243 or via email at the address listed above.

- South Carolina DHEC state lab certification #: 32571001
- Florida – DOH national NELAP lab accreditation #: E871145



Access Analytical, Inc.
15 Thames Valley Rd. ~ Irmo, SC 29063
PHONE: 803.781.4243 ~ FAX: 803.781.4303 ~ WEB: www.axs-inc.com



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Report of Analysis

Lab ID #: 35530-001
Project: Goat Island
Sample Name: Goat Island Well
Client ID #:

Matrix: Drinking Water
Collected: 6/9/2021 @ 12:31
Date Received: 6/9/2021 @ 16:39

Parameter	Result	MRL *	Units	Method Reference	Data Flag *	Date/Time of Analysis	Analyst
Total Coliform P/A	Absent	None	P/A	SM 9223 B-2004		6/9/2021 17:03	PMM
E. Coli P/A	Absent	None	P/A	SM 9223 B-2004		6/9/2021 17:03	PMM



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Laboratory Endorsement / Definitions

Sample analysis was performed in accordance with approved methodologies provided by the Environmental Protection Agency, Standard Methods or other recognized agencies.

*** Common abbreviations that may be utilized in this report:**

ND	Indicates the result was Not Detected at the specified reporting limit
"<"	Indicated the result as less than the indicated amount
MI	Indicates the result was subject to Matrix Interference
TNTC	Indicates the result was Too Numerous to Count
SUB	Indicates the analysis was Sub-Contracted
FLD	Indicates the analysis was performed in the Field
DL	Detection Limit
DF	Dilution Factor
MRL	The minimum reporting limit (MRL) is defined as the minimum quantifiable concentration of a given analyte in a sample.
MDL	Calculated minimum detection limit
PQL	Practical Quantitation Limit
RE	Re-analysis

*** Reporting flags that may be utilized in this report:**

J	Indicates the result is between the MDL and MRL and considered to be an estimated result
MB	Indicates the analyte was detected in the associated Method Blank
H	Indicates the recommended holding time was exceeded
*	Indicates a non-compliant or not applicable QC recovery or RPD
A	BOD or CBOD GGA check value for this sample did not meet acceptance criteria.
B	BOD or CBOD blank depletion did not meet acceptance criteria.
C	Indicates the spike % recovery was not acceptable.
D	Indicates the duplicate % difference was not acceptable.
E	Toxicity is apparent in the sample.

Sample receipt at Access Analytical is documented through the attached chain of custody. In accordance with laboratory protocol, this report shall be reproduced only in full and with the written permission of Access Analytical, Inc.. The results contained within this report relate only to the samples reported. The documented results are presented within this report.

This report pertains only to the samples listed in the attached report and should be retained as a permanent record thereof. The results contained within this report are intended for the use of the client. Any unauthorized use of the information contained in this report is prohibited.



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Sample Receipt

Were samples received on ice?	n/a
Were samples received within required temperature limits?	n/a
Are the number of samples the same as stated on the chain of custody?	YES
Are samples submitted with a correct and complete chain of custody?	YES
Are bottle caps tight and securely in place, coolers and samples intact?	YES
Are the correct sample containers provided?	YES
Were samples within the holding time for requested test(s)?	YES
Is the volume of sample submitted sufficient for the requested test(s)?	YES
Is there sufficient air space in bottle for bacteriological analysis?	YES
Were samples received with applicable preservative?	YES



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O:803-755-0090
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lab@sewaterlab.com

Chain of Custody



35530

Vector Systems, Inc.

Client Name: Goat Island

Report To: _____ Phone #: _____

Address: _____ Project: _____

Email: _____

Page 1 of 1

Matrix Code(s):
NY - Nitrates
NY - Nitrite
NY - Chloride
GW - Groundwater
O - Other

Matrix Type: Plastic / Glass
Preservation Code(s):
1 = HCl
2 = HClO4
3 = HCl
4 = HNO3
5 = Other
6 = None
7 = H2SO4
8 = Ice

WSI SAMPLE ID#

Collection Date	Collection Time	Sample Description	Lab	Comp	Mark	Notes
06/12/12	12:31	Well	✓		DW	TC Cell

TOTAL RESIDUAL CHLORINE

LOCATION: Sprout Time Collected: 12:38 - 12:31 Time Analyzed: _____ Result: 50.05 DPD Lot #: A0335 Meter ID/WSI SAMPLE ID#: 6120-TPL-210107-03

Sampler last name: CHRISTOPHER JACKSON

Signature	Date	Time	Received by:	Date	Time
<i>Christoph Jackson</i>	6/12/12	12:39			

Received by lab: *[Signature]* Date: 6/12/12 Time: 16:37

COMPOSITE INFORMATION

FLOW METER ID: _____
COMPOSITOR ID: _____
Start Date/Time: _____
End Date/Time: _____
Harvest Temperature: _____
Flow Total: _____

LAB USE ONLY
Field pick up temp: _____ Therm #: _____
Lab receipt temp: _____ Therm #: _____
Delivered to lab by: _____
Received on ice: Yes No