



ACCESS
ANALYTICAL, INC.

ANALYTICAL REPORT

CLIENT:

Water Systems Inc
311 Dooley Road
Lexington, SC 29073

PROJECT:

Goat Island

REPORT DATE:

06.09.21

REPORT APPROVED BY:

Bryant W. Boyd
Laboratory Manager

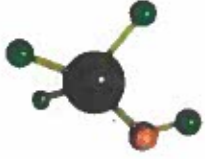
bryant@axs-inc.com

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



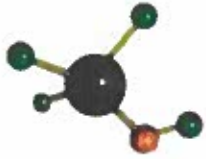
ACCESS
ANALYTICAL, INC.

Report of Analysis

Lab ID #: 35454-001
Project: Goat Island
Sample Name: Goat Island Well
Client ID #:

Matrix: Drinking Water
Collected: 6/8/2021 @ 11:48
Date Received: 6/8/2021 @ 15:36

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		6/8/2021 17:11	PMM
E. Coli P/A	Absent	None	P/A	SM 9223 B-2004		6/8/2021 17:11	PMM



ACCESS
ANALYTICAL, INC.

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
FLO	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.



ACCESS
ANALYTICAL, INC.

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



ACCESS ANALYTICAL, INC.

311 Dooley Road
Lexington, SC 29073
O:803-755-0090
F:803-957-7390
lab@sewaterlab.com

Chain of Custody

35454



Water Systems, Inc.

Client Name: Goat Island

Report To: _____ Phone #: _____

Address: _____ Project: _____

Email: _____

PAGE 1 of 1

Collection Date	Collection Time	Sample Description	Q10	Comp	Mass Code	# of Tests	Parameters	Matrix Type: Plastic / Glass	Preservation Code(s)	Matrix Code(s)
10/18/21	1148	WVEN	✓		DU 1	1	TC/Ecol	1 = H2O2 2 = H2SO4 3 = HCl 4 = NaOH 5 = Other:	1 = None 2 = H2SO4 3 = HCl 4 = NaOH 5 = Other:	WW = Wastewater DW = Drinking Water GW = Groundwater O = Other
WSI SAMPLE ID#										

TOTAL RESIDUAL CHLORINE	
LOCATION: <u>Spring</u>	Time Collected: <u>1148</u>
Time Analyzed: <u>1148</u>	DPD Lot #: <u>A0335</u>
Results: <u>50.05</u>	Meter ID/WSI SAMPLE ID# <u>1187-TRC-210208-D1</u>
Sampler print name: <u>CHRISTINE JACKSON</u>	
Signature: <u>[Signature]</u>	Time: <u>1536</u>
Verified by: <u>[Signature]</u>	Date: <u>10/18/21</u>
Time: <u>1536</u>	Date: <u>10/18/21</u>
Signature: <u>[Signature]</u>	Time: <u>1536</u>
Date: <u>10/18/21</u>	Date: <u>10/18/21</u>

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: <u>[Signature]</u>	
<input checked="" type="checkbox"/> WSI	Client _____
Counter _____	Received on loc: Yes _____ No _____