Request Number: RQ-2016-07-18-50

Hogan/Miller Source ID

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Project ID: BMAP

Requester: Nicole Frederick

Collected By: J. Parrish / B. DAVIS

Field Report Prepared By: N. Frederick

Sampling Agency: NE ROC

Location: SS BHSC Miller
☐ Comp ☑ Grab | Collection (comp begin or grab) Date 7/21/16 Time 0815 (Eastern / Central) | Composite end Date / Time | Bottle Group(s) (See pg 2): A
Field ID | Matrix (type, e.g., Salt, Fresh, etc): Fresh | Diss. Oxygen 3.16 / 38.2% (☑ mg/L ☑ % sat) | Total Res. Chlorine (mg/L)
STORET # | Temp (C) 24.82 | pH 6.86 | Sample Depth 0.05 (☐ ft ☑ m) | Sp. Conductance (umho/cm) 354
Latitude (☐ dd ☐ dms) | Longitude (☐ dd ☐ dms) | Salinity (ppt) | Comments: Miller Creek (Source ID)

Location: Hogan A2 Culvert
☐ Comp ☑ Grab | Collection (comp begin or grab) Date 7-21-16 Time 0845 (Eastern / Central) | Composite end Date / Time | Bottle Group(s): A
Field ID | Matrix (type, e.g., Salt, Fresh, etc): ~~Fresh~~ Storm-water | Diss. Oxygen 5.67 / 72.1% (☑ mg/L ☐ % sat) | Total Res. Chlorine (mg/L)
STORET # | Temp (C) 28.04 | pH 7.10 | Sample Depth 0.058 (☐ ft ☑ m) | Sp. Conductance (umho/cm) 342
Latitude (☐ dd ☐ dms) | Longitude (☐ dd ☐ dms) | Salinity (ppt) 0.16 | Comments: Source ID

Location: Hogan A3 Ditch
☐ Comp ☑ Grab | Collection (comp begin or grab) Date 7-21-16 Time 0855 (Eastern / Central) | Composite end Date / Time | Bottle Group(s): A
Field ID | Matrix (type, e.g., Salt, Fresh, etc): Fresh | Diss. Oxygen (☐ mg/L ☐ % sat) | Total Res. Chlorine (mg/L)
STORET # | Temp (C) | pH | Sample Depth (☐ ft ☐ m) | Sp. Conductance (umho/cm)
Latitude (☐ dd ☐ dms) | Longitude (☐ dd ☐ dms) | Salinity (ppt) | Comments: Source ID

Location: A2B1 (16+H)
☐ Comp ☑ Grab | Collection (comp begin or grab) Date 7-21-16 Time 0915 (Eastern / Central) | Composite end Date / Time | Bottle Group(s): A
Field ID | Matrix (type, e.g., Salt, Fresh, etc): Stormwater | Diss. Oxygen (☐ mg/L ☐ % sat) None taken, just | Total Res. Chlorine (mg/L)
STORET # | Temp (C) | pH | Sample Depth (☐ ft ☑ m) Same as | Sp. Conductance (umho/cm)
Latitude (☐ dd ☐ dms) | Longitude (☐ dd ☐ dms) | Salinity (ppt) | Comments: Stormwater – Source ID

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
Michelle Fraser	7-21-16 @ 1100	FEDEX	2	[signature]	7-22-16 @ 1:35

Group: A	Bottle Type:	P-250ML-WO-THI	# of Bottles: 8	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	
	ECOLI-18QT						
Group: A	Bottle Type:	P-120ML-OC	# of Bottles: 8	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	
	FCOLI-MF						
Group: A	Bottle Type:	QPCR-P-250ML	# of Bottles: 16	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	
	PCR-HF183						
Group: A	Bottle Type:	BG-1L	# of Bottles: 8	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	
	W-SUC-AA-R						
	W-UHERB-AA						

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Customer: WQAP

Project ID: BMAP

Requester: Nicole Frederick

Field Report Prepared By: N. Frederick

Collected By: J. Parrish / B Davis

Sampling Agency: NE ROC

Location: A2B2 (16th & Perry)	☐ Comp ☑ Grab	Collection (comp begin or grab) Date: 7-21-16 Time: 0930 ~~0915~~	Eastern / Central	Composite end Date / Time		Bottle Group(s) (See pg 2): A
Field ID	Matrix (type, e.g., Salt, Fresh, etc): Stormwater		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments: Stormwater Source ID			
Location: Blank2	☐ Comp ☑ Grab	Collection (comp begin or grab) Date: 7-21-16 Time: 1050	Eastern / Central	Composite end Date / Time		Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc): Fresh (Blank)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date / Time	Eastern / Central	Composite end Date / Time		Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date / Time	Eastern / Central	Composite end Date / Time		Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
Nicole Frederick	7-21-16 @ 2100	FEDEX	2	AFB	7-22-16/9:35

Group: A	Bottle Type:	P-250ML-WO-THI	# of Bottles: 8	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	ECOLI-18QT						
Group: A	Bottle Type:	P-120ML-OC	# of Bottles: 8	Preservative:	ICE	Enter Number of Bottles Sent to Lab	5
	FCOLI-MF						
Group: A	Bottle Type:	QPCR-P-250ML	# of Bottles: 16	Preservative:	ICE	Enter Number of Bottles Sent to Lab	13
	PCR-HF183						
Group: A	Bottle Type:	BG-1L	# of Bottles: 8	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	W-SUC-AA-R						
	W-UHERB-AA						

RQ-2016-07-18-50

Date of Request: 06-JUL-2016
Created By: FREDERIC_N On: 06-JUL-2016
Modified By: MATTHEWS_D On: 07-JUL-2016
Customer: WQAP
Project: BMAP
Division:
District: NE ROC
Sampling Event: Hogan/Miller Source ID

Send Coolers To:

Phone: 9042561700
8800 Baymeadows way west

jacksonville, FL 32256
Attn: Nicole Frederick

Send Final Report To:

2600 Blair Stone Rd

Tallahassee, FL 32399-2400
Attn: anita nash

Program Module Number:
Priority: 3
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 06-JUL-2016
Biology Request Reviewed By: MATTHEWS_D On: 07-JUL-2016
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 18-JUL-2016
Received By: SHAIK_A On: 22-JUL-2016

Report Type: Final Only
FTP Data: NO
QC Report: YES
Date Log: NO
Authorization Log: NO

Comments:

Bottle Group A (Water) With 8 Samples:

Bottle Type:		Number of Bottles: 8	Preserved With: ICE
ECOLI-18QT	Template: DEFAULT	(SM 9223 Quanti-Tray) Escherichia coli by Colilert 18 Quanti-Tray method - non-chlorinated water systems	
Bottle Type: P-120ML-OC		Number of Bottles: 8	Preserved With: ICE
FCOLI-MF	Template: DEFAULT	(SM 9222 D) Fecal coliforms by membrane filter method - non-chlorinated water systems	
Bottle Type: QPCR-P-250ML		Number of Bottles: 16	Preserved With: ICE
PCR-HF183	Template: DEFAULT	(SOP-PCR01) Detection and quantification of human-specific HF183 Bacteroides genetic marker with quantitative polymerase chain reaction	
Bottle Type: BG-1L		Number of Bottles: 8	Preserved With: ICE
W-SUC-AA-R	Template: DEFAULT	(EPA 8321B) Analysis of sucralose in water matrices by HPLC/MS/MS	
W-UHERB-AA	Template: DEFAULT	(USGS O-2060-01) Urea herbicides and other chemicals in water matrices by HPLC/MS/MS	

* - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.

Log-in Checklist

RQ-2016-07-18-50

Shipping Method: Fed Exp Date/Time of Receipt: 07-22-16 | 9:35

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape				Tracking # (fill out only if waybill copy is damaged)
			Present?		*Intact?		
			Yes	No	Yes	No	
Red	1.1C	5		✓			
Red	0.9C	23		✓			

*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, *identify* the containers in the affected cooler(s) on back of this form.

**Note: If "No" is checked in any of the fields below, fill out the back of this form with additional details (Field ID, Test IDs, etc.) and generate an NCR.

**Chain of Custody/ Field Sheet(s) Included? Yes ✓ No_____

CONTAINER CHECK

**Evidence Tape on Bottles? Yes_____ No ✓ If yes, is it intact? Yes_____ No_____

**Caps on tight? Yes ✓ No_____ **Containers intact? Yes ✓ No_____

**Sufficient Sample Volume: Yes ✓ No_____

CHLORINE CHECK (Blue dot on container)

Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required.					
Analysis	Yes	No	Analysis	Yes	No
W-1,4 DIOX			W-PC-AA-SF		
W-AHERB-AA (-AHB-AA-R)			W-PCL-SQ (-R)		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PESTNP-R		
W-ENDO-AA			W-PSCL-TQ		
W-GLYPH			W-PSNP-TQ		
W-NP-AA-SF			W-PST-CL-R		
W-PAH (-R)			W-TR-TQ		
W-PCB-R					

PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

**Acid Preserved Samples: pH ≤ 2.0? Yes____ No____ NA ✓ Init: RBJ

**W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes____ No____ NA ✓ Init: _____

Coolers Unpacked/Checked by: RBJ Date: 7-22-16 NCRs (Y/N)? N

Event ID: Hogan/Miller Source ID WQAP-2016-07-22-08 (BMAP) Date Received: 22-JUL-2016 09:35 NCR # _____

Log-in Checklist

Samples with Incorrect pH Preservation or presence of Chlorine

Field ID	Bottle Test ID(s)	pH / Cl	Action Taken

Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

Cooler ID	Field ID	Bottle Test ID(s)

Bottles Not Intact

Field ID	Bottle Test ID(s)	Loose Cap	Damaged Cap		Damaged Container		Evidence Tape Not Intact
			CK	BR	CK	BR	

Samples with Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

ENCORE SAMPLES

S-VOC-*MS samples in Encores* must be frozen within 48 hours of collection.

Were Encore samples received? Yes____ No_____

Date and time placed in freezer _____

Were all samples placed in freezer within 48 hours of collection? Yes_____ No_____

If no, were samples shipped on dry ice? Yes_____ No_____

FOR CLEAN LAB USE ONLY – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):

Samples preserved within 48 hours? Yes_____ No_____

Date and time samples preserved: _____

Additional Comments:

SPH2

FedEx Express Package US Airbill

FedEx Tracking Number 8019 9254 7429

Form ID No. 0215

7/21/16

Sender's Name Jeremy Parrish Phone 904 256 1700

Company FDEP

Address 8800 Baymeadows Way West Dept./Floor/Suite/Room

City Jax State FL ZIP 32256

Your Internal Billing Reference

Recipient's Name RECEIVING Phone 850 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room

Cannot deliver to P.O. boxes or P.O. ZIP codes.

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE State FL ZIP 32399

HOLD Weekday — FedEx location address REQUIRED. NOT available for FedEx First Overnight.

HOLD Saturday — FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

0102503030

8019 9254 7429

4 Express Package Service * To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs., see the FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☒ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required — Package may be left without obtaining a signature for delivery.

☐ Direct Signature — Someone at recipient's address may sign for delivery. *Fee applies.*

☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

Does this shipment contain dangerous goods? One box must be checked.

☐ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice Dry Ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. ☐ Cargo Aircraft Only

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. ☐

☐ Sender Acct. No. in Section 1 will be billed ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages 2 Total Weight ____ lbs. Credit Card Auth.

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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fedex.com 1.800.GoFedEx 1.800.463.3339

MUR1

FedEx Express Package US Airbill

FedEx Tracking Number 8100 1918 3732

Form ID No. 0215

7/21/2016

Sender's Name Jeremy Parrish Phone 904 256 1700

Company FDEP

Address 8800 Baymeadows Way West Dept./Floor/Suite/Room

City Jax State FL ZIP 32256

Your Internal Billing Reference

Recipient's Name SAMPLE RECEIVING Phone 850 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room

Cannot deliver to P.O. boxes or P.O. ZIP codes.

Address

Use this line for the HOLD location address or for continuation of your shipping address

City TALLAHASSEE State FL ZIP 32399

Hold Weekday — FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday — FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

0123448864

8100 1918 3732

4 Express Package Service * To most locations.

Packages up to 150 lbs. For packages over 150 lbs., see the FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☒ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500

☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

☐ Saturday Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required — Package may be left without obtaining a signature for delivery.

☐ Direct Signature — Someone at recipient's address may sign for delivery.

☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods? One box must be checked.

☐ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice Dry Ice, 9, UN 1845 ____ x ____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide. ☐ Cargo Aircraft Only

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below. Obtain recip Acct. No ☐

☐ Sender Acct. No. in Section 1 will be billed ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages 2 Total Weight ____ lbs Credit Card Auth.

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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