

Log-in Checklist

RQ- 2017-10-16-27

Shipping Method: FedEx

Date/Time of Receipt: 11/14/17 10:00

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	1.4°C	9		✓			
RED	0.7°C	12		✓			

*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			W-CT-CI-R		

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

**Acid Preserved Samples: pH ≤ 2.0? Yes ✓ No NA Init: 9.2

**W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes No NA ✓ Init: 9.2

Coolers Unpacked/Checked by: 9.2 Date: 11/14/17 NCRs (Y/N)?

Event ID: HW-DIST-2017-11-14-01 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:

Bayou Chico BMAP

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: NW-DIST

Requester: Cheryl Bunch

Field Report Prepared By: M. Taylor

Project ID: BMAP

Collected By: D. Morton

Sampling Agency: ESCWQLM

Location	Pensacola Bay at Sanders Beach	Field ID	RQ-2017-10-16-27	STORET	Date: 11.13.2017 Time: 0950	Latitude	☐ dms	☐ Comp ☒ Grab Collection (comp begin or grab) Date _____ Time _____	Eastern Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
								Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
								Temp (C)	pH	Sample Depth	Sp. Conductance (umho/cm)
								Salinity (ppt)	Comments		
Location	Bayou Chico at Mandalay Park	Field ID	RQ-2017-10-16-27	STORET	Date: 11.13.2017 Time: 1015	Latitude	☐ dms	☐ Comp ☒ Grab Collection (comp begin or grab) Date _____ Time _____	Eastern Central	Composite end Date _____ Time _____	Bottle Group(s)
								Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
								Temp (C)	pH	Sample Depth	Sp. Conductance (umho/cm)
								Salinity (ppt)	Comments		
Location	Jones Creek at Old Corry Road	Field ID	RQ-2017-10-16-27	STORET	Date: 11.13.2017 Time: 1040	Latitude	☐ dms	☐ Comp ☒ Grab Collection (comp begin or grab) Date _____ Time _____	Eastern Central	Composite end Date _____ Time _____	Bottle Group(s)
								Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
								Temp (C)	pH	Sample Depth	Sp. Conductance (umho/cm)
								Salinity (ppt)	Comments		
Location	Jackson Creek at Old Corry Road	Field ID	RQ-2017-10-16-27	STORET	Date: 11.13.2017 Time: 1110	Latitude	☐ dms	☐ Comp ☐ Grab Collection (comp begin or grab) Date _____ Time _____	Eastern Central	Composite end Date _____ Time _____	Bottle Group(s)
								Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
								Temp (C)	pH	Sample Depth	Sp. Conductance (umho/cm)
								Salinity (ppt)	Comments		

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
Mollie A Taylor	11.13.2017/1320	FedEx	2	JD	11/14/17 10:00

Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
Group: A	Bottle Type: NW-UWF-ENQ	TEST HAS NO BOTTLE	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
Group: A	Bottle Type: TURBIDITY	P-250ML	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN	P-500ML	# of Bottles: 5	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: NW-UWF-ECQ	TEST HAS NO BOTTLE	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: TURBIDITY	P-250ML	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN	P-500ML	# of Bottles: 2	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab _____

Bayou Chico BMAP

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: NW-DIST

Requester: Cheryl Bunch

Field Report Prepared By: M. Taylor

Project ID: BMAP

Collected By: D. Morton

Sampling Agency: ESCWOLM

Location	Jackson Creek at New Warrington Road RQ-2017-10-16-27	Field ID E 33020222	☐ Comp ☒ Grab Collection (comp begin or grab) Date _____ Time _____	Eastern Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field			Matrix (type, e.g., Salt, Fresh, etc) Fresh	Diss. Oxygen 7.9	☒ mg/L ☐ % sat Total Res. Chlorine (mg/L)	A
STORET	Date: 11.13.2017 Time: 1130		Temp (C) 22.2	pH 7.2	Sample Depth 0.2 ☐ ft ☒ m Sp. Conductance (umho/cm) 122	
Latitude			Salinity (ppt) 0.1	Comments		
Location	Bayou Chico at Navy Blvd Bridge RQ-2017-10-16-27	Field ID F 3302JE20	☐ 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) Salt	Diss. Oxygen 6.2	☒ mg/L ☐ % sat Total Res. Chlorine (mg/L)	A
STORET	Date: 11.13.2017 Time: 1240		Temp (C) 22.1	pH 6.4	Sample Depth 0.2 ☐ ft ☒ m Sp. Conductance (umho/cm) 21053	
Latitude			Salinity (ppt) 12.8	Comments		
Location	Bayou Chico at W Street RQ-2017-10-16-27	Field ID G 33020JF1	☐ 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) Salt	Diss. Oxygen 6.2	☒ mg/L ☐ % sat Total Res. Chlorine (mg/L)	A
STORET	Date: 11.13.2017 Time: 1255		Temp (C) 22.2	pH 6.9	Sample Depth 0.2 ☐ ft ☒ m Sp. Conductance (umho/cm) 7875	
Latitude			Salinity (ppt) 4.4	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			Salinity (ppt)	Comments		

Relinquished By: M. Taylor	Date/Time: 11.13.2017/1320	Shipping Method: FedEx	Number of Coolers Shipped: 2	Received By: J. B.	Date/Time: 11/14/17 10:00
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Group: A	Bottle Type:	BP-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	CHLSUITE-W					
Group: A	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	NW-UWF-ENQ					
Group: A	Bottle Type:	P-250ML	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	TURBIDITY					
Group: A	Bottle Type:	P-500ML	# of Bottles: 5	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					
Group: B	Bottle Type:	BP-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	CHLSUITE-W					
Group: B	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	NW-UWF-ECQ					
Group: B	Bottle Type:	P-250ML	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	TURBIDITY					
Group: B	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					

Date of Request: 18-SEP-2017
 Created By: BUNCH_CA On: 18-SEP-2017
 Modified By: SWANSON_C On: 28-SEP-2017
 Customer: NW-DIST
 Project: BMAP
 Division: Division of Environmental Assessment and Restoration
 District: Northwest District
 Sampling Event: Bayou Chico BMAP

Send Coolers To:

Phone: 850-595-8300
 160 Government Center
 Suite 308
 Pensacola, FL 32502-5794
 Attn: Cheryl Bunch

Send Final Report To:

160 Government Center
 Suite 308
 Pensacola, FL 32502-5794
 Attn: Cheryl Bunch

Program Module Number:

Priority: 3
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 27-SEP-2017
 Biology Request Reviewed By: SWANSON_C On: 28-SEP-2017
 Sampling Kit Required: YES Ship on: 02-OCT-2017
 Sampling Kit Shipped: YES On: 02-OCT-2017
 Sampling Kit Packed By: SHAIK_A
 Preservatives Needed: YES
 Date to Receive Samples: 16-OCT-2017
 Received By:

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

Comments: 2 - cases sulfuric acid

Bottle Group A (Water) With 5 Samples:

Bottle Type: BP-1L	Number of Bottles: 5	Preserved With: ICE
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry
Bottle Type: TEST HAS NO	Number of Bottles: 5	Preserved With: ICE
NW-UWF-ENQ	Template: DEFAULT	(Enterolert/QT) Enterococci by Enterolert Quanti-Tray method by UWF Overflow Laboratory for NWD
Bottle Type: P-250ML	Number of Bottles: 5	Preserved With: ICE
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
Bottle Type: P-500ML	Number of Bottles: 5	Preserved With: ICE And H2SO4
W-NH3	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L
W-NO2NO3	Template: DEFAULT	(EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L
W-S-A-TP	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L
W-TKN	Template: DEFAULT	(EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices

Bottle Group B (Water) With 2 Samples:

Bottle Type: BP-1L	Number of Bottles: 2	Preserved With: ICE
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry
Bottle Type: TEST HAS NO	Number of Bottles: 2	Preserved With: ICE
NW-UWF-ECQ	Template: DEFAULT	(SM 9223 Quanti-Tray) Escherichia coli by Colilert 18 Quanti-Tray method by UWF Overflow Laboratory for NWD
Bottle Type: P-250ML	Number of Bottles: 2	Preserved With: ICE
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
Bottle Type: P-500ML	Number of Bottles: 2	Preserved With: ICE And H2SO4
W-NH3	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L
W-NO2NO3	Template: DEFAULT	(EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L
W-S-A-TP	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L
W-TKN	Template: DEFAULT	(EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices

01000

FedEx
Express®Package
US AirbillFedEx
Tracking
Number

8119 7780 6266

1 From

Date

Sender's
Name

Phone

Company

Address

Dept./Floor/Suite/Room

City

State

ZIP

2 Your Internal Billing Reference**3 To**Recipient's
Name

Phone

Company

Address

Dept./Floor/Suite/Room

Address

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

City

State

ZIP

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.

8119 7780 6266

0127857428

Form
ID No. 0215

Recipient's Copy

4 Express Package Service

* To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use 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☐ YesAs per attached
Shipper's Declaration.☐ YesShipper'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.

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

Total Packages

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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01000

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8119 7780 6255

1 From

Date

Sender's
Name

Phone

Company

Address

City

State

ZIP

Dept./Floor/Suite/Room

2 Your Internal Billing Reference**3 To**Recipient's
Name

Phone

Company

Address

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

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

City

State

ZIP

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.

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Form
ID No.

0215

1/2 Recipient's Copy

4 Express Package Service

* To most locations.

Packages up to 150 lbs.
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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☐ YesAs per attached
Shipper's Declaration.☐ YesShipper's Declaration
not required.☐ Dry Ice

Dry Ice, 9, UN 1845 x lbs.

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.

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

Total Packages

Total Weight

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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