Log-in Checklist

RQ- 2021-04-05-44 **Login Station ID**: _____

Shipping Method: FedEx | UPS | HD | Greyhound Date/Time of Receipt: 4/8/21 15:03

Cooler Temperature*	Samples Frozen	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Tracking # Damaged waybills only
					Present?		*Intact?		
	YES	HNO_3	Formalin		Yes	No	Yes	No	

* HNO3 and Formalin persevered samples do **NOT** have a temperature requirement. For all others, if the temperature of a cooler is above 6.0 ^{O}C (or above 10.0 ^{O}C for W-1-4-DIOX and microbiology), or if Evidence Seal is damaged. Identify the containers in the affected cooler(s) on back of this form. **DOH coolers can exceed 2.0 ^{O}C above standard temperature without customer notification/confirmation.**

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

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

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes X 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 REQUIRED? (Blue dot on container) Yes_____No_____Init:_____

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-E8321-DI, -MS, -21			W-NP-AA-SF		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PCL-SQ-R		
W-U2060-MS			W-TR-TQ		
W-PCB-R			W-CT-CI-R		
W-PAH (-R)			W-PSNP-TQ		
W-PFAS-MS					

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

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

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

Coolers Unpacked/Checked by: _____ **Date**:_____ **NCRs (Y/N)?** X

Event ID: NE-DIST-2021-04-13-02 **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

Infrared Thermometer ID:	
pH Paper 0.0 – 3.0 Lot #	
pH Paper 0 – 13 Lot #	
Chlorine Test Strips Lot #	

Additional Comments:

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_____If No_____

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: _____

CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Boldly "X" this box if there are qualified data on this page.

Meter ID: Desi RQ- 2021-04-05-44 2021-04-05-69 Project: BMAP1/Butcher Pen Source Tracking

Notes: (1) Always wait for meter to stabilize before recording any readings.
(2) Report all digits displayed. Do not round before reporting measurements. (See special instructions for depth).
(3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

Temperature (Quarterly) FT 1400 Date of Last Temperature Verification 2/15/21

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro-meter mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	Brian D.	4/8/21	747	21.4	760.9	8.9	/	100.1	/	1.05	(P) / F	(L) / F
ICV			750	21.5	761.1	8.8	8.83	100.0	/	1.05	(P) / F	(L) / F
CCV			1533	21.4	759.2	8.5	8.43	99.0	/	1.05	(P) / F	(L) / F
CCV											P / F	L / F

DO Acceptance criteria from Table ± 0.3 mg/L. **Rapid-Pulse Sensors:** DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.
Optical: DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. **Steady-state & Galvanic Sensors:** DO Gain & Charge N/A.

Spec. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard µmhos/cm	Meter Reading µmhos/cm	Pass / Fail	Lab / Field
Calibr.	Brian D.	4/8/21	752	201222B	1/22	1000	1000	(P) / F	(L) / F
ICV			753	201222A	1/22	100	102.7	(P) / F	(L) / F
CCV			1535	201222B	1/22	1000	1002	(P) / F	(L) / F
CCV								P / F	L / F

Conductivity Acceptance criteria ± 5%

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.	Brian D.	4/8/21	759	2010F27	10/22	7.01	22.9	7.01	-34.7	(P) / F	(L) / F
Calibr.			804	2010C31	9/22	4.00	22.8	4.00	145.4	(P) / F	(L) / F
Calibr.			807	2012797	5/22	10.02	22.9	10.03	-207.3	(P) / F	(L) / F
ICV			809	2010F27	10/22	7.01	22.9	7.05	-34.2	(P) / F	(L) / F
CCV			1536	2012797	5/22	10.02	23.0	10.06	-210.3	P / F	L / F
CCV										P / F	L / F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50; mV pH 4 Range +180 ± 50; mV pH 10 Range -180 ± 50;
If mV are recorded: slope from 7 to 10 _____, slope from 4 to 7 _____ (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? YES / NO / NA (not surf. water project)
If **YES**, complete daily Calibr. & ICV below and list date of last quarterly depth verification: _____
If **NO**, what will be used? (circle one) **Secchi Disk Line / Sonar** Unique ID: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / Field
Pressure mode in air	Brian D.	4/8/21	811	0.00	0.00	(P) / F	(L) / F

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria ± 5 % or ± 0.05m, whichever is greater.

COMMENTS:

Revision 2/24/2020

Florida DEP *North East District ROC* BMAP Field sheet

Data Pass CCV? (Yes) / No

Date: 4/8/2021 RQ#: 2021-04-05-44

Event Name: ~~Butcher Pen BMAP~~ Km 1 Meter ID: Pro DSS Desi

Sampling Team Members: K. McDonald, B. Davis, W. Karlavige

All bacteria samples taken are surface water grab samples.

WIN Number / Site Name: Butcher Pen CR at Confederate
20030082
30.264590, -81.734333

WBID Number: 2322

Matrix: Surface Fresh ☐ Surface Salt ☒

Sample Type: E. coli ☒ Entero ☐ Fecal ☐

Sample Access: Wading ☐ Dock ☐ From Shore ☐ Bridge ☒

Sample Ice Preserved in 15 minutes? Yes ☒ No ☐

Initials Sample & Preservation: Km

Initials Documentation: Km

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity µmhos	Salinity ppth	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack
1216	0.35	0.16	23.1	7212	4.08	7.78	9.03	107.9	0.35	Ebb
									VOB	

Comments and Weather:
clear weather, no recent rain

WIN Number / Site Name: Butcher Pen CR at Wesconnett
20030760
30.259961, -81.739879

WBID Number: 2322

Matrix: Surface Fresh ☒ Surface Salt ☐

Sample Type: E. coli ☒ Entero ☐ Fecal ☐

Sample Access: Wading ☐ Dock ☐ From Shore ☐ Bridge ☒

Sample Ice Preserved in 15 minutes? Yes ☒ No ☐

Initials Sample & Preservation: Km

Initials Documentation: Km

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity µmhos	Salinity ppth	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack
1240	1.03	0.3	18.2	356.7	0.17	7.4	5.60	60.7	1.03	Ebb
									VOB	

Comments and Weather:
clear weather, no recent rain

WIN Number / Site Name:

WBID Number:

Matrix: Surface Fresh ☐ Surface Salt ☐

Sample Type: E. coli ☐ Entero ☐ Fecal ☐

Sample Access: Wading ☐ Dock ☐ From Shore ☐ Bridge ☐

Sample Ice Preserved in 15 minutes? Yes ☐ No ☐

Initials Sample & Preservation:

Initials Documentation:

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity µmhos	Salinity ppth	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack

Comments and Weather:

Signature: _____ Date: _____

Field Sheet Scanned (Initials/date): _____ Parameters uploaded to LIMs (Initials/date): _____

Data QC'd in LIMs (Initials/date): _____ Data Migrated to WIN (Initials/date): _____

All documentation meets requirements of FDEP SOP FD 1000

ALS Environmental

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

SR #

ALS Contact

9143 Philips Highway, Suite 120. Jacksonville, FL 32256
Phone (904) 739-2277 / 800-695-7222 x06 / FAX (904) 739-2011
www.alsglobal.com

Project Name	Project Number
BMAP 1	RQ-2021-04-05-44
Report To	**Report CC**
Dep-Microoverflow@dep.state.fl.us	J Perrish
Company/Address	
8800 Baymeadows Way W suite 100	
Jax FL 32256	
Phone #	**FAX #**
904-256-1700	
Sampler's Signature	**Sampler's Printed Name**
B-D-	Brian Davis

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

Preservative Key: 0. None; 1. HCL; 2. HNO3; 3. H2SO4; 4. NaOH; 5. Zn. Acetate; 6. MeOH; 7. NaHSO4; 8. Other

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	E. coli	REMARKS
20030082		4/8/21	1216	SW	1	✓	Marine
20030760			1240	SW	1	✓	Fresh

Special Instructions/Comments: ice

TURNAROUND REQUIREMENTS
___ RUSH (SURCHARGES APPLY)
___ STANDARD
REQUESTED FAX DATE
REQUESTED REPORT DATE

REPORT REQUIREMENTS
___ I. Results Only
___ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)
___ III. Results + QC and Calibration Summaries
___ IV. Data Validation Report with Raw Data
Edata ___ Yes ___ No

INVOICE INFORMATION
P.O. # _____
Bill to: _____

SAMPLE RECEIPT: CONDITION/COOLER TEMP: CUSTODY SEALS: Y N

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature: B-D-	Signature:	Signature	Signature	Signature	Signature
Printed Name: Brian Davis	Printed Name: Chelsea Weatherford	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP TEAR	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 4/8/21 1503	Date/Time: 4/8/21 1506	Date/Time	Date/Time	Date/Time	Date/Time

CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Boldly "X" this box if there are qualified data on this page.

Meter ID: Desi RQ- 2021-04-05-44 2021-04-05-69 Project: BMAP / Source Tracking

Notes: (1) Always wait for meter to stabilize before recording any readings.
(2) Report all digits displayed. Do not round before reporting measurements. (See special instructions for depth).
(3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

Temperature (Quarterly) FT 1400 Date of Last Temperature Verification 2/15

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro-meter mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	Brian Davis	4/7/21	736	21.4	763.2	8.9	/	100.4	/	1.06	(P) / F	(L) / F
ICV			738	21.5	763.2	8.9	8.87	100.4	/	1.06	(P) / F	(L) / F
CCV			1703	23.3	760.2	8.5	8.60	100.8	/	1.06	(P) / F	(L) / F
CCV											P / F	L / F

DO Acceptance criteria from Table ± 0.3 mg/L. **Rapid-Pulse Sensors:** DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.
Optical: DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. **Steady-state & Galvanic Sensors:** DO Gain & Charge N/A.

Spec. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard µmhos/cm	Meter Reading µmhos/cm	Pass / Fail	Lab / Field
Calibr.	Brian Davis	4/7/21	740	201222B	1/22	1000	1000	(P) / F	(L) / F
ICV			742	201222A	1/22	100	103.2	(P) / F	(L) / F
CCV			1710	201222B	1/22	1000	1001	(P) / F	(L) / F
CCV								P / F	L / F

Conductivity Acceptance criteria ± 5%

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.	Brian Davis	4/7/21	753	2010F27	10/22	7.01	22.3	7.01	-35.6	(P) / F	(L) / F
Calibr.			801	2010C31	10/22	4.00	22.6	4.00	144.3	(P) / F	(L) / F
Calibr.			807	2012797	5/22	10.03	22.5	10.03	-206.9	(P) / F	(L) / F
ICV			809	2010F27	10/22	7.01	22.6	7.04	-34.3	(P) / F	(L) / F
CCV			1712	2010F27	10/22	7.01	22.8	10.06	-209.6	(P) / F	(L) / F
CCV										P / F	L / F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50; mV pH 4 Range +180 ± 50; mV pH 10 Range -180 ± 50;
If mV are recorded: slope from 7 to 10 _____, slope from 4 to 7 _____ (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? YES / NO / NA (not surf. water project)
If **YES**, complete daily Calibr. & ICV below and list date of last quarterly depth verification: _____
If **NO**, what will be used? (circle one) **Secchi Disk Line / Sonar** Unique ID: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / Field
Pressure mode in air	Brian Davis	4/7/21	813	0.00	0.00	(P) / F	(L) / F

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria ± 5 % or ± 0.05m, whichever is greater.

COMMENTS:

Revision 2/24/2020

Data Pass CCV? (Yes) / No

Florida DEP *North East District ROC* BMAP Field sheet

Date: 4/7/21 RQ#: 2021-04-05-44

Event Name: BMAP 1 Meter ID: Pro DSS Desi

Sampling Team Members: K. McDonald, B. Davis

All bacteria samples taken are surface water grab samples.

WIN Number / Site Name	WBID Number	Matrix: Surface Fresh ☒ Surface Salt ☐	Sample Type: E. coli ☒ Entero ☐ Fecal ☐	Initials Sample & Preservation	Initials Documentation
Little Fishweir CR at Oak St. 20030953	2280 A	Sample Access: Wading ☐ Dock ☐ From Shore ☒ Bridge ☐	Sample Ice Preserved in 15 minutes? Yes ☒ No ☐	KM	KM

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity µmhos	Salinity ppth	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack
1445	0.59	~~0.59~~	20.5	46616.9	0.22	7.44	13.89	153.5	0.59	Ebb
		~~YSI~~	km							

Comments and Weather: 0.3 sample depth crazy high DO% no recent rain; clear & sunny weather; no observed algae

WIN Number / Site Name	WBID Number	Matrix: Surface Fresh ☐ Surface Salt ☐	Sample Type: E. coli ☐ Entero ☐ Fecal ☐	Initials Sample & Preservation	Initials Documentation
		Sample Access: Wading ☐ Dock ☐ From Shore ☐ Bridge ☐	Sample Ice Preserved in 15 minutes? Yes ☐ No ☐		

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity µmhos	Salinity ppth	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack

Comments and Weather:

WIN Number / Site Name	WBID Number	Matrix: Surface Fresh ☐ Surface Salt ☐	Sample Type: E. coli ☐ Entero ☐ Fecal ☐	Initials Sample & Preservation	Initials Documentation
		Sample Access: Wading ☐ Dock ☐ From Shore ☐ Bridge ☐	Sample Ice Preserved in 15 minutes? Yes ☐ No ☐		

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity µmhos	Salinity ppth	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack

Comments and Weather:

Signature: _____ Date: _____

Field Sheet Scanned (Initials/date): _____ Parameters uploaded to LIMs (Initials/date): _____

Data QC'd in LIMs (Initials/date): _____ Data Migrated to WIN (Initials/date): _____

All documentation meets requirements of FDEP SOP FD 1000

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

SR #

ALS Contact

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Phone (904) 739-2277 / 800-695-7222 x06 / FAX (904) 739-2011
www.alsglobal.com

Page _____ of _____

Project Name: BMAP 4	Project Number: RQ-2021-04-05-44
Report To: DEP-Microoverflow@dep.state.fl.us	Report CC: J Pellish
Company/Address: 8800 Baymeadows Way W Suite 100 Jax FL, 32256	
Phone #: 904-256-1700	FAX #:
Sampler's Signature: B-D-	Sampler's Printed Name: Brian Davis

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

Preservative Key: 0. None; 1. HCL; 2. HNO3; 3. H2SO4; 4. NaOH; 5. Zn. Acetate; 6. MeOH; 7. NaHSO4; 8. Other

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	Preservative	REMARKS
20030953		4/7/21	1445	SW	1	1	Fresh

Special Instructions/Comments:

TURNAROUND REQUIREMENTS
- ✓ STANDARD
- RUSH (SURCHARGES APPLY)
- REQUESTED FAX DATE
- REQUESTED REPORT DATE

REPORT REQUIREMENTS
- I. Results Only
- II. Results + QC Summaries (LCS, DUP, MS/MSD as required)
- III. Results + QC and Calibration Summaries
- IV. Data Validation Report with Raw Data
- Edata ___ Yes ___ No

INVOICE INFORMATION
- P.O. #
- Bill to:

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 1.1 CUSTODY SEALS: Y N

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature: B-D-	Signature: Che Weigand	Signature	Signature	Signature	Signature
Printed Name: Brian Davis	Printed Name: Che Weigand	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP DEAR	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 4/7/21 1531	Date/Time: 4/7/21 1533	Date/Time	Date/Time	Date/Time	Date/Time

RQ-2021-04-05-44

Date of Request: 16-MAR-2021
Created By: PARRISH_J On: 16-MAR-2021
Modified By: JASROTIA_P On: 16-MAR-2021
Customer: NE-DIST
Project: BMAP
Division: Division of Environmental Assessment and Restoration
District: Northeast District
Event Description: Bmap 1

Send Coolers To:

Phone: 904-807-3300
8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish
Cooler Ship EMail: Jeremy.M.Parrish@dep.state.fl.us

Priority: 3
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By:
Biology Request Reviewed By: JASROTIA_P On: 16-MAR-2021
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 05-APR-2021
Logged In By: BAKER_A On: 13-APR-2021

Send Final Report To:

8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish
Report Notification EMail: Jeremy.M.Parrish@dep.state.fl.us

Comments: Group A: (Surf-Salt) Bacteria,
Group B:(Surf-Fresh) Bacteria,

NE-ALS-ECQ
NE-ALS-ENQ

Packing Notes:

Bottle Group A (Water) With 2 Samples:

Bottle Type: P-250ML-WI-THI Number of Bottles: 2 Preserved With: ICE
NE-ALS-ENQ Template: DEFAULT (ASTM D650399) Enterococci by Enterolert/QT by ALS in Jacksonville
ENTEROCOCCI-ENTEROLERT

Bottle Group B (Water) With 5 Samples:

Bottle Type: P-250ML-WI-THI Number of Bottles: 5 Preserved With: ICE
NE-ALS-ECQ Template: DEFAULT (SM 9223 B Quanti-Tray) E. coli by Colilert/QT by ALS in Jacksonville
Escherichia Coli-Quanti-Tray