

Lake Istokpoga

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By:

Project ID: SPPROJECTS

Collected By:

Sampling Agency:

Location <i>Istokpoga Algae Center</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>29 Nov 16</i> Time <i>12:50</i>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID <i>G4SD 156</i>	Matrix (type, e.g., Salt, Fresh, etc) <i>Fresh</i>	Diss. Oxygen <i>113.5</i>	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L) <i>N/A</i>	<i>AB</i>
STORET #	Temp (C) <i>20.31</i>	pH <i>7.02</i>	Sample Depth <i>0.5</i>	☒ ft ☐ m	Sp. Conductance (umho/cm) <i>not cal</i>
Latitude <i>27° 23.53'</i> ☐ dd ☐ dms	Longitude <i>81° 16.344'</i> ☐ dd ☐ dms	Salinity (ppt) <i>NA</i>	Comments <i>windy with 1/2 foot waves</i>		
Location <i>Istokpoga Algae West</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>29 Nov 16</i> Time <i>11:05</i>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <i>G4SD 155</i>	Matrix (type, e.g., Salt, Fresh, etc) <i>Fresh</i>	Diss. Oxygen <i>114.2</i>	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L) <i>NA</i>	<i>AB</i>
STORET #	Temp (C) <i>20.10</i>	pH <i>6.85</i>	Sample Depth <i>0.5</i>	☒ ft ☐ m	Sp. Conductance (umho/cm) <i>not cal</i>
Latitude <i>27° 22.300'</i> ☐ dd ☐ dms	Longitude <i>81° 16.344'</i> ☐ dd ☐ dms	Salinity (ppt) <i>NA</i>	Comments <i>windy with 1/2 foot waves</i>		
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	Longitude	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	Longitude	Salinity (ppt)	Comments		

Relinquished By: <i>Jed</i>	Date/Time <i>11/29/16/16:00</i>	Shipping Method <i>FedEx</i>	Number of Coolers Shipped:	Received By: <i>SK</i>	Date/Time <i>11/30/16/9:55</i>
-----------------------------	------------------------------------	---------------------------------	----------------------------	------------------------	-----------------------------------

Group: A	Bottle Type: PT-50ML	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab
BLOOM-ID				
Group: B	Bottle Type: BG-WD250	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab
W-MCYST-AA				
Group: C	Bottle Type: BP-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab
CHL-SUITE-W				
Group: C	Bottle Type: P-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab
TURBIDITY				
W-COLOR				
W-TSS				
Group: C	Bottle Type: P-500ML	# of Bottles: 6	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab
W-NH3				
W-NO2NO3				
W-SATP				
W-TKN				
W-TOC				
Group: C	Bottle Type: P-125ML	# of Bottles: 6	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab
W-PO4-F				
Group: D	Bottle Type: BP-1L	# of Bottles: 6	Preservative: Lugols	Enter Number of Bottles Sent to Lab
DTY-QN-C				
PKD-QN-C				

Handwritten notes at the bottom of the page, including "x3 bbf" and "and appear".

Lake Istokpoga

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By:

Project ID: SPPROJECTS

Collected By:

Sampling Agency:

Location <u>Istokpoga Algae Northwest</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>29 Nov 16</u> Time <u>10:30</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID <u>G4SD0152</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>114.9</u>	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L) <u>N/A</u>
STORET #		Temp (C) <u>20.72</u>	pH <u>6.60</u>	Sample Depth <u>0.5</u>	☒ ft ☐ m	Sp. Conductance (umho/cm) <u>not cal</u>
Latitude <u>27° 24.387' N</u>	☒ dd ☐ dms	Longitude <u>81° 19.250' W</u>	☒ dd ☐ dms	Salinity (ppt) <u>na</u>	Comments <u>windy with 1/2 foot waves</u>	
Location <u>Istokpoga Algae Northeast</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>29 Nov 16</u> Time <u>13:15</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <u>G4SD0151</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>116.4</u>	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L) <u>N/A</u>
STORET #		Temp (C) <u>20.33</u>	pH <u>7.08</u>	Sample Depth <u>0.5</u>	☒ ft ☐ m	Sp. Conductance (umho/cm) <u>not cal</u>
Latitude <u>27° 25.857' N</u>	☒ dd ☐ dms	Longitude <u>81° 16.311' W</u>	☒ dd ☐ dms	Salinity (ppt) <u>na</u>	Comments <u>windy with 1/2 foot waves</u>	
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

[Signature]11/29/16/16:00Fed Ex[Signature]11-30-16/9:55

Group: A	Bottle Type: PT-50ML	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
BLOOM-ID					
Group: B	Bottle Type: BG-WD250	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
W-MCYST-AA					
Group: C	Bottle Type: BP-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
CHL SUITE-W					
Group: C	Bottle Type: P-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
TURBIDITY W-COLOR W-TSS					
Group: C	Bottle Type: P-500ML	# of Bottles: 6	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	2
W-NH3 W-NO2NO3 W-SATP W-TKN W-TOC					
Group: C	Bottle Type: P-125ML	# of Bottles: 6	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	2
W-PO4-F					
Group: D	Bottle Type: BP-1L	# of Bottles: 6	Preservative: Lugols	Enter Number of Bottles Sent to Lab	2
DTY-QN-C PKD-QN-C					

Lake Istokpoga

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By:

Project ID: SPPROJECTS

Collected By:

Sampling Agency:

Location <u>Istokpoga Algae South</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>29 Nov 16</u> Time <u>11:45</u>	<u>Eastern</u> Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID <u>G4SD0153</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>103.1</u>	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L) <u>NA</u>
STORET #		Temp (C) <u>20.36</u>	pH <u>6.83</u>	Sample Depth <u>0.5</u>	☒ ft ☐ m	Sp. Conductance (umho/cm) <u>not cal</u>
Latitude <u>27° 18.992'</u>	☒ dd ☐ dms	Longitude <u>81° 17.331'</u>	☒ dd ☐ dms	Salinity (ppt) <u>NA</u>	Comments <u>windy - 1/4' waves</u>	
Location <u>Istokpoga Algae Southeast</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>29 Nov 16</u> Time <u>12:15</u>	<u>Eastern</u> Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <u>G4SD0154</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>112.0</u>	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L) <u>NA</u>
STORET #		Temp (C) <u>20.36</u>	pH <u>6.94</u>	Sample Depth <u>0.5</u>	☒ ft ☐ m	Sp. Conductance (umho/cm) <u>not cal</u>
Latitude <u>27° 21.128'</u>	☒ dd ☐ dms	Longitude <u>81° 14.684'</u>	☒ dd ☐ dms	Salinity (ppt) <u>NA</u>	Comments <u>windy - 1/4' waves</u>	
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date _____ Time _____	<u>Eastern</u> 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 _____	<u>Eastern</u> 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

22429 Nov 16 1600Fed ExSK11-28-16 4:55

Group: A	Bottle Type: PT-50ML	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
BLOOM-ID					
Group: B	Bottle Type: BG-WD250	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
W-MCYST-AA					
Group: C	Bottle Type: BP-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
CHLORITE-W					
Group: C	Bottle Type: P-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
TURBIDITY					
W-COLOR					
W-TSS					
Group: C	Bottle Type: P-500ML	# of Bottles: 6	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	2
W-NH3					
W-NO2NO3					
W-SAP					
W-TKN					
W-TOC					
Group: C	Bottle Type: P-125ML	# of Bottles: 6	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	2
W-PO4-F					
Group: D	Bottle Type: BP-1L	# of Bottles: 6	Preservative: Lugols	Enter Number of Bottles Sent to Lab	2
DTY-QN-C					
PKD-QN-C					

Date of Request: 26-JUL-2016
 Created By: WOLFE_K On: 26-JUL-2016
 Modified By: MATTHEWS_D On: 14-OCT-2016
 Customer: WQAP
 Project: SPPROJECTS
 Division: Division of Environmental Assessment and Restoration
 District: south
 Sampling Event: Lake Istokpoga

Send Coolers To:

Phone: (869)402-6545
 Highlands County Parks and Natural Resources
 4344 George Blvd.
 Sebring, FL 33875
 Attn: Clell Ford

Send Final Report To:

2295 Victoria AVE
 Suite 364
 Fort Myers, FL 33901
 Attn: Kirby Wolfe

Program Module Number:

Priority: 3
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 14-OCT-2016
 Biology Request Reviewed By: MATTHEWS_D On: 14-OCT-2016
 Sampling Kit Required: YES Ship on: 02-NOV-2016
 Sampling Kit Shipped: YES On: 03-NOV-2016
 Sampling Kit Packed By: SHAIK_A
 Preservatives Needed: YES
 Date to Receive Samples: 07-NOV-2016
 Received By:

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

Comments: Analyze toxin upon receipt after consultation with Biology's Taxonomy Manager or designee.

6 - vials of sulfuric acid

Bottle Groups A/B - separate event, priority 1

Bottle Groups C/D - separate event, C - priority 3, D - priority 12

Bottle Group A - Priority 1
For algal dominant taxon.

Bottle Group B - Priority 1
For toxin testing.

Bottle Group C - Priority 3
Water quality testing

Bottle Group D - Priority 12
For algal full ID.

Please print two copies of algal job labels at login.

Bottle Group A (Biological) With 6 Samples:

Bottle Type: PT-50ML Number of Bottles: 6 Preserved With: ICE
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

Bottle Group B (Water) With 6 Samples:

Bottle Type: BG-WD250 Number of Bottles: 6 Preserved With: ICE
 W-MCYST-AA Template: DEFAULT (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

Bottle Group C (Water) With 6 Samples:

Bottle Type: BP-1L Number of Bottles: 6 Preserved With: ICE
 CHLSUITE-W Template: DEFAULT (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry

Bottle Type: P-1L Number of Bottles: 6 Preserved With: ICE
 TURBIDITY Template: DEFAULT (EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
 W-COLOR Template: DEFAULT (SM 2120 B) True Color measured at 450 nm

Bottle Group C (Water) With 6 Samples:

Bottle Type: P-1L	Number of Bottles: 6	Preserved With: ICE
W-COLOR	Template: DEFAULT	(SM 2120 B) True Color measured at 450 nm
Color (true)		
W-TSS	Template: DEFAULT	(SM 2540 D-97) Total Suspended Solids in aqueous matrices
Bottle Type: P-500ML	Number of Bottles: 6	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
W-TOC	Template: DEFAULT	(SM 5310 B-00) Nonpurgeable Organic Carbon in aqueous matrices
Bottle Type: P-125ML	Number of Bottles: 6	Preserved With: ICE-FLTR
W-PO4-F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

Bottle Group D (Water) With 6 Samples:

Bottle Type: BP-1L	Number of Bottles: 6	Preserved With: Lugols
DTY-QN-C	Template: DEFAULT	(SOP-AB05_1) No. of diatom taxa of quantitative phytoplankton sample.
PKD-QN-C	Template: DEFAULT	(SOP-AB05) No. of wet taxa of quantitative phytoplankton sample.

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

RQ- 2016-11-07-08

Log-in Checklist

Shipping Method: FedExDate/Time of Receipt: 11-29-16/9:55

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	
Blue	2.5	14		✓			
Blue	0.4	14		✓			
Blue	0.4	14		✓			

*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: SK

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

Coolers Unpacked/Checked by: SK Date: 11-30-16 NCRs (Y/N)? N

Event ID: WQAP-2016-11-30-01 / WQAP-2016-11-30-02 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

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:

00763

01000

FedEx
Express Package
US Airbill

FedEx Tracking Number 8103 9283 7939

1 From
Date 29 Nov 16
Sender's Name Clell Ford
Company Highlands Canty
Address 4344 George Blvd
City Sebring
State FL ZIP 33875

2 Your Internal Billing Reference
3 To
Recipient's Name SAMPLE RECEIVING
Company FLORIDA DEP/CHEMISTRY SECTION
Address 2600 BLAIRSTONE RD
TALLAHASSEE
State FL ZIP 32399

Address 2600 BLAIRSTONE RD
We cannot deliver to P.O. boxes or P.O. ZIP codes.
Address
City TALLAHASSEE
State FL ZIP 32399



8103 9283 7939

0124031825

Form 0215
4 Express Package Service * To most locations.

Next Business Day
☐ FedEx First Overnight
☒ FedEx Priority Overnight
☐ FedEx Standard Overnight
2 or 3 Business Days
☐ FedEx 2Day A.M.
☐ FedEx 2Day
☐ FedEx Express Saver

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
☐ No Signature Required
☐ Direct Signature
☐ Indirect Signature
Does this shipment contain dangerous goods?
☐ No
☐ Yes
Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:
Sender
Recipient
Third Party
Credit Card
Cash/Check
Total Packages 1
Total Weight 45 lbs.

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

fedex.com 1800.GoFedEx 1800.463.3339

00762

01000

FedEx
Express

 Package
US Airbill

 FedEx
Tracking
Number

8103 9283 7928

1 From

Date 29 Nov 16

Sender's
Name

Clell Ford

Phone

863 402-6545

Company

Highlands County

Address

1344 George Blvd

City

Sebring

State

FL

ZIP

33875

2 Your Internal Billing Reference

3 To

Recipient's
Name

SAMPLE RECEIVING

Phone

850 245-8085

Company

FLORIDA DEP/CHEMISTRY SECTION

Address

2600 BLAIRSTONE RD

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

TALLAHASSEE

State

FL

ZIP

32399

0124031825



8103 9283 7928

MUR3

Form
ID No.

0215

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 ☐ Yes
As per attached
Shipper's Declaration.

☐ Yes
Shipper's Declaration
not required.

☐ Dry Ice
Dry Ice, B, UN 1845

☐ Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

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

Total Weight

49 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.

611

fedex.com 1800.GoFedEx 1800.463.3339

fedex.com 1800.GoFedEx 1800.463.3339

00761

01000

FedEx
Express

 Package
US Airbill

 FedEx
Tracking
Number

8103 9283 7917

1 From

Date

29 Nov 16

 Sender's
Name

Clell Ford

Phone

863 402-6545

Company

Highlands County

Address

4344 George Blvd

City

Sebring

State

FL

ZIP

33875

2 Your Internal Billing Reference

3 To

 Recipient's
Name

SAMPLE RECEIVING

Phone

850 245-8085

Company

FLORIDA DEP/CHEMISTRY SECTION

Address

2600 BLAIRSTONE RD

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

TALLAHASSEE

State

FL

ZIP

32399

0124031825



8103 9283 7917

Form ID No.

0215

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?

☐ No

One box must be checked.

☐ Yes
As per attached Shipper's Declaration.

☐ Yes
Shipper's Declaration not required.

☐ Dry Ice
Dry ice, 3 UN 1845

☐ Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill for:

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

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.

611

fedex.com 1800.GoFedEx 1800.463.3339

fedex.com 1800.GoFedEx 1800.463.3339