

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:

RQ-2016-12-05-05				☐ Comp ☒ Grab		Collection (comp begin or grab) Date 27 Dec 16 Time 09:10		☒ Eastern ☐ Central		Composite end Date Time		Bottle Group(s) (See pg 2)	
Please Write Date & Time Lake Istokpoga Algae W				G4SD0155 Field ID STORET G4SD0155		Matrix (type, e.g., Salt, Fresh, etc) fresh		Diss. Oxygen 104.5		☐ mg/L ☒ % sat		Total Res. Chlorine (mg/L) N/A	
Temp (C) 21.83		pH 7.45		Sample Depth 0.5		☒ ft ☐ m		Sp. Conductance (umho/cm) not cal				A C D	
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) N/A		Comments no bloom evident - Mycrocystin bottle not filled/shipped							
RQ-2017-12-05-05				☐ Comp ☒ Grab		Collection (comp begin or grab) Date 27 Dec 16 Time 10:05		☒ Eastern ☐ Central		Composite end Date Time		Bottle Group(s)	
Please Write Date & Time Lake Istokpoga Algae CEN				G4SD0156 Field ID STORET G4SD0156		Matrix (type, e.g., Salt, Fresh, etc) fresh		Diss. Oxygen 108.8		☐ mg/L ☒ % sat		Total Res. Chlorine (mg/L) N/A	
Temp (C) 22.05		pH 7.19		Sample Depth 0.5		☒ ft ☐ m		Sp. Conductance (umho/cm) not cal				A C D	
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) N/A		Comments no bloom evident - Mycrocystin bottle not filled/shipped							
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
	27 Dec 16 / 12:45	FedEx		SK	12-28-16 / 12:25

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	0
	W-MCYST-AA						
Group: C	Bottle Type:	BP-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	CHLSUITE-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-S-A-TP 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						

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last revised Apr 7, 2016

Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By:

Clell Ford

Project ID: SPPROJECTS

Collected By:

Clell Ford

Sampling Agency:

Highlands County

RQ-2016-12-05-05				☐ Comp ☒ Grab		Collection (comp begin or grab) Date 27 Dec 16 Time 09:30		Eastern Central		Composite end Date Time		Bottle Group(s) (See pg 2)	
Please Write Date & Time Lake Istokpoga Algae S				G4SD0153 Field ID STORET G4SD0153		Matrix (type, e.g., Salt, Fresh, etc) fresh		Diss. Oxygen 106.2		☐ mg/L ☒ % sat		Total Res. Chlorine (mg/L) N/A	
Temp (C) 22.14		pH 7.24		Sample Depth 0.5		☒ ft ☐ m		Sp. Conductance (umho/cm) not cal				A CD	
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) NA		Comments no bloom evident - MCYST-AA bottle not filled/shipped							
RQ-2016-12-05-05				☐ Comp ☒ Grab		Collection (comp begin or grab) Date 27 Dec 16 Time 09:50		Eastern Central		Composite end Date Time		Bottle Group(s)	
Please Write Date & Time Lake Istokpoga Algae SE				G4SD0154 Field ID STORET G4SD0154		Matrix (type, e.g., Salt, Fresh, etc) fresh		Diss. Oxygen 106.6		☐ mg/L ☒ % sat		Total Res. Chlorine (mg/L) N/A	
Temp (C) 22.10		pH 7.20		Sample Depth 0.5		☒ ft ☐ m		Sp. Conductance (umho/cm) not cal				A CD	
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) NA		Comments no bloom evident - MCYST-AA bottle not filled/shipped							
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

Jed

27 Dec 16 / 12:45

FedEx

SL

12-28-16 / 12:25

Group: A	Bottle Type:	PT-50ML	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>2</u>
	BLOOM-ID						
Group: B	Bottle Type:	BG-WD250	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>0</u>
	W-MCYST-AA						
Group: C	Bottle Type:	BP-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>2</u>
	CHLSUITE-W						
Group: C	Bottle Type:	P-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>2</u>
	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	<u>2</u>
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: C	Bottle Type:	P-125ML	# of Bottles: 6	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	<u>2</u>
	W-PO4-F						
Group: D	Bottle Type:	BP-1L	# of Bottles: 6	Preservative:	Lugols	Enter Number of Bottles Sent to Lab	<u>2</u>
	DTY-QN-C PKD-QN-C						

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Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By: Clell Ford

Project ID: SPPROJECTS

Collected By: Clell FordSampling Agency: Highlands County

RQ-2016-12-05-05				☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>27 Dec 16</u> Time <u>10:20</u>		☒ Eastern ☐ Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)	
Please Write Date & Time Lake Istokpoga Algae NE				G4SD0151 Field ID STORET G4SD0151		Matrix (type, e.g., Salt, Fresh, etc) <u>fresh</u>		Diss. Oxygen <u>110.1</u>		☐ mg/L ☒ % sat		Total Res. Chlorine (mg/L) <u>N/A</u>	
				Temp (C) <u>22.03</u>		pH <u>7.26</u>		Sample Depth <u>0.5</u>		☒ ft ☐ m		Sp. Conductance (umho/cm) <u>not cal</u>	
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) <u>N/A</u>		Comments <u>no bloom evident - MCYST-AA bottle not filled / shipped</u>							
RQ-2016-12-05-05				☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>27 Dec 16</u> Time <u>08:50</u>		☒ Eastern ☐ Central		Composite end Date _____ Time _____		Bottle Group(s)	
Please Write Date & Time Lake Istokpoga Algae NW				G4SD0152 Field ID STORET G4SD0152		Matrix (type, e.g., Salt, Fresh, etc) <u>fresh</u>		Diss. Oxygen <u>100.8</u>		☐ mg/L ☒ % sat		Total Res. Chlorine (mg/L) <u>N/A</u>	
				Temp (C) <u>22.71</u>		pH <u>7.50</u>		Sample Depth <u>0.5</u>		☒ ft ☐ m		Sp. Conductance (umho/cm) <u>not cal</u>	
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) <u>N/A</u>		Comments <u>no bloom evident - MCYST-AA bottle not filled / shipped</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: <u>[Signature]</u>	Date/Time: <u>27 Dec 16 / 12:45</u>	Shipping Method: <u>Fed Ex</u>	Number of Coolers Shipped: _____	Received By: <u>[Signature]</u>	Date/Time: <u>12-28-16 / 12:25</u>
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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	0
W-MCYST-AA							
Group: C	Bottle Type:	BP-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
CHLSUITE-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-S-A-TP 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: 21-NOV-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

Program Module Number:
 Priority: 3
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 16-NOV-2016
 Biology Request Reviewed By: MATTHEWS_D On: 21-NOV-2016
 Sampling Kit Required: YES Ship on: 05-DEC-2016
 Sampling Kit Shipped: YES On: 05-DEC-2016
 Sampling Kit Packed By: KITCHEN_S
 Preservatives Needed: YES
 Date to Receive Samples: 05-DEC-2016
 Received By:

Send Final Report To:

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

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

Comments: Please print two copies of algal job labels at login

1 - case of sulfuric acid

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

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.

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

Bottle Group C (Water) With 6 Samples:

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
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.

Log-in Checklist

RQ-2016-12-05-05

Shipping Method: Fedex

Date/Time of Receipt: 12-28-16/12:25

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	Yes	No		
Red	-0.2	13		✓			
Red	0.1	12		✓			
Red	0.6	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: 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: 12-28-16

NCRs (Y/N)? N

Event ID: WQAP-2016-12-28-02

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:

00758

01000

FedEx Package
Express US Airbill
FedEx
Tracking
Number

8103 9283 7880

1 From

Date

27 Dec 16

Sender's
Name

Ckell Ford

Phone

863 402-6345

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 7880

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☐ Yes

As per attached Shipper's Declaration.

☐ Yes

Shipper's Declaration not required.

☐ Dry Ice

Dry Ice, 5, UN 1845 x kg

☐ 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

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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611

fedex.com 1800.GoFedEx 1800.463.3339

fedex.com 1800.GoFedEx 1800.463.3339

00533

01000

16140

fedex.com 1800.GoFedEx 1800.463.3339

06175033

FedEx Express *Package US Airbill*

FedEx Tracking Number 8104 1261 6356

1 From

Date

27 Dec 16

Sender's Name

Crell Ford

Phone

863 402-6545

Company

Highlands County

Address

11344 George Blvd

Dept./Floor/Suite/Room

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

32399-6542

0124452242



8104 1261 6356

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

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, 9, UN 1845

☐

x kg

☐ 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

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

00872

01000

FedEx
Express

 Package
US Airbill

FedEx Tracking Number 8104 1261 9745

16055

fedex.com 1800.GoFedEx 1800.463.3339

1 From
Date 27 Feb 2001

Sender's Name Clell Ford Phone 863 402-6545

Company Highlands County

Address 4344 George Blvd

City Sebring, FL State 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.D. ZIP codes.

Address

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

City TALLAHASSEE State FL ZIP 32399-6542

 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.


8104 1261 9745

0124452242

MUR4

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 ☐ 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 1 Total Weight 3.62 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