

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2008-11-17-06

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: William Chandler

Field Report Prepared By:

Chandler

Customer: NW-DIST

Collected By:

NH - FDEP

Send Final Report To Bill Chandler

Project ID: DISCRTNARY

Sampling Agency:

FDEP NWD

PMAS: 1306

Lab ID *	Location	Field ID	Matrix (Include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	Collection (begin)	Eastern	Collection (end)	Eastern	Bottle Group(s)**
	Range Marker E of Texas	#1	SW			0.15	Date 11/17/08 Time 0945	Central	Date	Time	
							Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		
							Salinity (PPT)		NPDES Number		
							Sp Conductance (umho/cm)				
							Comments				
Lab ID *	Location	Field ID	Matrix (Include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	Collection (begin)	Eastern	Collection (end)	Eastern	Bottle Group(s)**
	1/2 Bridge + Muscogee	#2	SW			0.15	Date 11/17/08 Time 1000	Central	Date	Time	
							Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		
							Salinity (PPT)		NPDES Number		
							Sp Conductance (umho/cm)				
							Comments				
Lab ID *	Location	Field ID	Matrix (Include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	Collection (begin)	Eastern	Collection (end)	Eastern	Bottle Group(s)**
	E of Storm Drain	#3	SW			0.15	Date 11/17/08 Time 1005	Central	Date	Time	
							Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		
							Salinity (PPT)		NPDES Number		
							Sp Conductance (umho/cm)				
							Comments				
Lab ID *	Location	Field ID	Matrix (Include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	Collection (begin)	Eastern	Collection (end)	Eastern	Bottle Group(s)**
	100' S of outfall	#4	SW			0.15	Date 11/17/08 Time 1010	Central	Date	Time	
							Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		
							Salinity (PPT)		NPDES Number		
							Sp Conductance (umho/cm)				
							Comments				
Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time			
			ARJ	11-18-08							

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

Group: A	Bottle Type: P-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
BOD-UNIN				
Group: A	Bottle Type: BP-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
CHLSUITE-W				
Group: A	Bottle Type: TEST HAS NO BOTTLES	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
NW-UWF-ENT				
NW-UWF-FC				
Group: A	Bottle Type: P-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
TURBIDITY				
W-COLOR				
W-TSS				
Group: A	Bottle Type: P-500ML	# of Bottles: 14	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
W-NH3				
W-NO2NO3				
W-TKN				
W-TP				

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2008-11-17-06

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: William Chandler

Field Report Prepared By: Chandler

Customer: NW-DIST

Collected By: NH - FDEP

Send Final Report To Bill Chandler

Project ID: DISCRTNARY

Sampling Agency: FDEP NWD

PMAS: 1306

Lab ID *	Location <u>End of Chase St.</u>	☐ Comp ☒ Grab	Collection (begin) Date <u>11/17/08</u> Time <u>1022</u> Eastern Central	Collection (end) Date _____ Time _____ Eastern Central	Bottle Group(s)**
	Field ID <u>#5</u>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)	Storet Station Number	
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>	Temp (C)	pH	Sample Depth ☒ m <u>0.15</u> ☐ ft <u>48,520</u>	☐ Salinity (PPTH) ☒ Sp Conductance (umho/cm)
	Latitude <u>0</u> <u>.</u> <u>"</u>	Longitude <u>0</u> <u>.</u> <u>"</u>	Comments		

Lab ID *	Location <u>1/2 Muscogee & Hawkshaw foot shore</u>	☐ Comp ☒ Grab	Collection (begin) Date <u>11/17/08</u> Time <u>1105</u> Eastern Central	Collection (end) Date _____ Time _____ Eastern Central	Bottle Group(s)**
	Field ID <u>#6</u>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)	Storet Station Number	
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>	Temp (C)	pH	Sample Depth ☒ m <u>0.15</u> ☐ ft <u>45,920</u>	☐ Salinity (PPTH) ☒ Sp Conductance (umho/cm)
	Latitude <u>0</u> <u>.</u> <u>"</u>	Longitude <u>0</u> <u>.</u> <u>"</u>	Comments		

Lab ID *	Location <u>1/2 Bridge & Port</u>	☐ Comp ☒ Grab	Collection (begin) Date <u>11/17/08</u> Time <u>1027</u> Eastern Central	Collection (end) Date _____ Time _____ Eastern Central	Bottle Group(s)**
	Field ID <u>#7</u>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)	Storet Station Number	
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>	Temp (C)	pH	Sample Depth ☒ m <u>0.15</u> ☐ ft <u>44,380</u>	☐ Salinity (PPTH) ☒ Sp Conductance (umho/cm)
	Latitude <u>0</u> <u>.</u> <u>"</u>	Longitude <u>0</u> <u>.</u> <u>"</u>	Comments		

Lab ID *	Location <u>West of outfall inside rocks</u>	☐ Comp ☒ Grab	Collection (begin) Date <u>11/17/08</u> Time <u>1016</u> Eastern Central	Collection (end) Date _____ Time _____ Eastern Central	Bottle Group(s)**
	Field ID <u>#18</u>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)	Storet Station Number	
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>	Temp (C)	pH	Sample Depth ☒ m <u>0.15</u> ☐ ft <u>49,250</u>	☐ Salinity (PPTH) ☒ Sp Conductance (umho/cm)
	Latitude <u>0</u> <u>.</u> <u>"</u>	Longitude <u>0</u> <u>.</u> <u>"</u>	Comments		

Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
			<u>[Signature]</u>	<u>11-18-08</u>				

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

Group: A	Bottle Type: P-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
BOD-UNIN				
Group: A	Bottle Type: BP-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
CHLSUITE-W				
Group: A	Bottle Type: TEST HAS NO BOTTLES	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
NW-UWF-ENT				
NW-UWF-FC				
Group: A	Bottle Type: P-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
TURBIDITY				
W-COLOR				
W-TSS				
Group: A	Bottle Type: P-500ML	# of Bottles: 14	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
W-NH3				
W-NO2NO3				
W-TKN				
W-TP				

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2008-11-17-06

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: William Chandler

Field Report Prepared By: Chandler

Customer: NW-DIST

Collected By: NH - FDEP

Send Final Report To Bill Chandler

Project ID: DISCRTNARY

Sampling Agency: FDEP NWD

PMAS: 1306

Lab ID *	Location <u>W of Hawkshaw 400' S outfall</u>			☐ Comp	Collection (begin)		☒ Grab	Collection (end)		Bottle Group(s)**
	Field ID <u>#9</u>			Date <u>11/17/08</u> Time <u>1049</u>		Date _____ Time _____		Storet Station Number _____		
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>			Temp (C) _____		pH _____		Sample Depth ☒ m <u>0.15</u> ☐ ft _____		
	Latitude <u>0</u> . . .			Longitude <u>0</u> . . .		Tot Res Chlorine (mg/L) _____		Diss Oxygen (mg/L) <u>45,850</u>		
							☐ Salinity (PPT) _____		NPDES Number _____	
							☒ Sp Conductance (umho/cm) _____			
Comments _____										

Lab ID *	Location <u>B/t Marina & outfall</u>			☐ Comp	Collection (begin)		☒ Grab	Collection (end)		Bottle Group(s)**
	Field ID <u>#10</u>			Date <u>11/17/08</u> Time <u>1043</u>		Date _____ Time _____		Storet Station Number _____		
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>			Temp (C) _____		pH _____		Sample Depth ☒ m <u>0.15</u> ☐ ft _____		
	Latitude <u>0</u> . . .			Longitude <u>0</u> . . .		Tot Res Chlorine (mg/L) _____		Diss Oxygen (mg/L) <u>46,180</u>		
							☐ Salinity (PPT) _____		NPDES Number _____	
							☒ Sp Conductance (umho/cm) _____			
Comments _____										

Lab ID *	Location <u>Entrance of Marina</u>			☐ Comp	Collection (begin)		☒ Grab	Collection (end)		Bottle Group(s)**
	Field ID <u>#11</u>			Date <u>11/17/08</u> Time <u>1039</u>		Date _____ Time _____		Storet Station Number _____		
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>			Temp (C) _____		pH _____		Sample Depth ☒ m <u>0.15</u> ☐ ft _____		
	Latitude <u>0</u> . . .			Longitude <u>0</u> . . .		Tot Res Chlorine (mg/L) _____		Diss Oxygen (mg/L) <u>47,720</u>		
							☐ Salinity (PPT) _____		NPDES Number _____	
							☒ Sp Conductance (umho/cm) _____			
Comments _____										

Lab ID *	Location <u>B/t Bridge & Port 400' shore</u>			☐ Comp	Collection (begin)		☒ Grab	Collection (end)		Bottle Group(s)**
	Field ID <u>#12</u>			Date <u>11/17/08</u> Time <u>1033</u>		Date _____ Time _____		Storet Station Number _____		
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>			Temp (C) _____		pH _____		Sample Depth ☒ m <u>0.15</u> ☐ ft _____		
	Latitude <u>0</u> . . .			Longitude <u>0</u> . . .		Tot Res Chlorine (mg/L) _____		Diss Oxygen (mg/L) <u>45,220</u>		
							☐ Salinity (PPT) _____		NPDES Number _____	
							☒ Sp Conductance (umho/cm) _____			
Comments _____										

Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
			<u>ABJ</u>	<u>11-18-08</u>				

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

Group: A	Bottle Type: P-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
BOD-UNIN				
Group: A	Bottle Type: BP-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
CHLSUITE-W				
Group: A	Bottle Type: TEST HAS NO BOTTLES	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
NW-UWF-ENT				
NW-UWF-FC				
Group: A	Bottle Type: P-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
TURBIDITY				
W-COLOR				
W-TSS				
Group: A	Bottle Type: P-500ML	# of Bottles: 14	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
W-NH3				
W-NO2NO3				
W-TKN				
W-TP				

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2008-11-17-06

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Project Greenshores

Requester: William Chandler

Field Report Prepared By: Chandler

Customer: NW-DIST

Collected By: NH - FDEP

Send Final Report To Bill Chandler

Project ID: DISCRTNARY

Sampling Agency: FDEP NWD

PMAS: 1306

Lab ID *	Location <u>Inside Hawkshaw Lagoon</u>		☐ Comp ☒ Grab	Collection (begin) Date <u>11/17/08</u> Time <u>1054</u>	Eastern Central	Collection (end) Date _____ Time _____	Eastern Central	Bottle Group(s)**
	Field ID <u>#13</u>		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>	Temp (C)	pH	Sample Depth ☒ m <u>0.15</u>	<u>41,210</u>		☐ Salinity (PPT) ☒ Sp Conductance (umho/cm)	NPDES Number
	Latitude o ' "	Longitude o ' "		Comments				

Lab ID *	Location <u>E of out fall in PFS-2</u>		☐ Comp ☒ Grab	Collection (begin) Date <u>11/17/08</u> Time <u>1107</u>	Eastern Central	Collection (end) Date _____ Time _____	Eastern Central	Bottle Group(s)**
	Field ID <u>#14</u>		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>	Temp (C)	pH	Sample Depth ☒ m <u>0.15</u>	<u>48,180</u>		☐ Salinity (PPT) ☒ Sp Conductance (umho/cm)	NPDES Number
	Latitude o ' "	Longitude o ' "		Comments				

Lab ID *	Location		☐ Comp ☒ Grab	Collection (begin) Date <u>11/17/08</u> Time _____	Eastern Central	Collection (end) Date _____ Time _____	Eastern Central	Bottle Group(s)**
	Field ID		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>	Temp (C)	pH	Sample Depth ☒ m <u>0.15</u>			☐ Salinity (PPT) ☐ Sp Conductance (umho/cm)	NPDES Number
	Latitude o ' "	Longitude o ' "		Comments				

Lab ID *	Location		☐ Comp ☒ Grab	Collection (begin) Date <u>11/17/08</u> Time _____	Eastern Central	Collection (end) Date _____ Time _____	Eastern Central	Bottle Group(s)**
	Field ID		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
	Matrix (Include type e.g. Salt, Fresh, etc) <u>SW</u>	Temp (C)	pH	Sample Depth ☒ m <u>0.15</u>			☐ Salinity (PPT) ☐ Sp Conductance (umho/cm)	NPDES Number
	Latitude o ' "	Longitude o ' "		Comments				

Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
			<u>[Signature]</u>	<u>11-18-08</u>				

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

Group: A	Bottle Type: P-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
BOD-UNIN				
Group: A	Bottle Type: BP-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
CHLSUITE-W				
Group: A	Bottle Type: TEST HAS NO BOTTLES	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
NW-UWF-ENT				
NW-UWF-FC				
Group: A	Bottle Type: P-1L	# of Bottles: 14	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
TURBIDITY				
W-COLOR				
W-TSS				
Group: A	Bottle Type: P-500ML	# of Bottles: 14	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
W-NH3				
W-NO2NO3				
W-TKN				
W-TP				

SAMPLE TRANSMITTAL FORM
Document Reference # 05.1.0

Project: Project GreenShores FDEP

Laboratory: Wetlands Research Laboratory

Sampler's initials: NH

Method of transport: _____ on ice by automobile _____

Page 1 of 1

Samples delivered by: [Signature] of _____ FDEP

Date/Time: 11/17/08 / 1344

Sample received by: [Signature] of _____ WRL

Date/Time: 11/17/08 / 1344

Instructions: Fill in all fields except "Lab ID" on sample transport form completely. Each sample container must use a separate line. Place this form in a waterproof bag and place it with the samples for transport. If a field log or other chain of custody is attached, that information may be referenced on this form and the log or COC attached.

Lab ID	Sample ID	Matrix ¹	Type ²	Container Type	Analyses Requested	Preservative	Sample (°C) ³	Sampling Date/Time
	#1-Pensacola Bay-3302H32GS1	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		11/17/08 0915
	#2-Pensacola Bay-3302J8GS2	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1000
	#3-Pensacola Bay-3302J2GS3	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1005
	#4-Pensacola Bay-3302J2GS4	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1010
	#5-Pensacola Bay-3302J2GS5	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1022
	#6-Pensacola Bay-3302J1GS6	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1105
	#7-Pensacola Bay-3302J8GS7	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1027
	#8-Pensacola Bay-3302J2GS8	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1016
	#9-Pensacola Bay-3302J1GS9	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1049
	#10-Pensacola Bay-3302J7GS10	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1043
	#11-Pensacola Bay-3302J7GS11	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1039
	#12-Pensacola Bay-3302J7GS12	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1033
	#13-Pen Bay/Hawkshaw Lagoon-3302J1HL1	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1054
	#14-Pensacola Bay-3302J1GS7	SW	G	Sterile plastic	Enterococcus/Fecal Coliform MF	ice/Na2S2O3		1107

Comments _____ sample container lot# _____

Contact organization _____ FDEP

Contact name _____

Phone: (850) 595-8300

Address 160 Governmental Center, suite 308, Pensacola, FL 32502

Sampler's name: _____

¹Matrix: SW = surface water, PW = pore water, GW = ground water, S = soil/sediment, X = _____

²Type codes: G = grab, C = composite, X = _____

³Recorded using IRT-2

Date of Request: 28-AUG-2008
 Created By: CHANDLER_W On: 28-AUG-2008
 Modified By: BRACKETT_K On: 29-OCT-2008
 Customer: NW-DIST
 Project: DISCRTNARY
 Division:
 District: Northwest District
 Sampling Event: Project Greenshores

Send Coolers To:

Phone: SC-695-8300
 160 Government Center
 Suite 308
 Pensacola, FL 32502-5794
 Attn: Bill Chandler

Send Final Report To:

160 Government Center
 Suite 308
 Pensacola, FL 32502-5794
 Attn: Bill Chandler

Program Module Number: 1306
 Priority: 3
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: BRACKETT_K On: 29-OCT-2008
 Biology Request Reviewed By: WHITING_D On: 24-OCT-2008
 Sampling Kit Required: YES Ship on: 03-NOV-2008
 Sampling Kit Shipped: YES On: 03-NOV-2008
 Sampling Kit Packed By: EBRAHIM_TO
 Date To Receive Samples: 17-NOV-2008
 Received By:

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

Comments

Suite A (Water) With 14 Samples:

Bottle Type: P-1L Number of Bottles: 1 Preserved With: ICE

BOD-UNIN Template: BOD20-UNIN BOD, NOT nitrogen-inhibited

Bottle Type: BP-1L Number of Bottles: 1 Preserved With: ICE

CHLSUITE-W Template: DEFAULT Phytoplankton chlorophyll-a and phaeophytin and ratio by spectrophotometry

Bottle Type: TEST HAS NO B Number of Bottles: 1 Preserved With: ICE

NW-UWF-ENT Template: DEFAULT Enterococci by membrane filter method by UWF Overflow Laboratory for NWD

NW-UWF-FC Template: DEFAULT Fecal coliforms by membrane filter method by UWF Overflow Laboratory for NWD

Bottle Type: P-1L Number of Bottles: 1 Preserved With: ICE

TURBIDITY Template: DEFAULT Turbidity in aqueous matrices

W-COLOR Template: DEFAULT Color in water samples

W-TSS Template: DEFAULT Total Suspended Solids in aqueous matrices

Bottle Type: P-500ML Number of Bottles: 1 Preserved With: ICE And H2SO4

W-NH3 Template: DEFAULT Ammonia in aqueous matrices as mg N/L

W-NO2NO3 Template: DEFAULT Nitrite/Nitrate in aqueous matrices as mg N/L

W-TKN Template: DEFAULT Total Kjeldahl Nitrogen in aqueous matrices

W-TP Template: DEFAULT Total Phosphorus in aqueous matrices

Log-in Checklist

RQ ID: 2008-11-17-06

Shipping Method: DHL Date/Time of Receipt: 11-18-08/850

Cooler Check

Cooler ID	Cooler Temp.	Evidence Tape				No. Sample Containers in Cooler	* Tracking #
		Present?		Intact?			
		Yes	No	Yes	No		
118	2.4C		✓			12	
White	1.8C		✓			12	
White	2.9C		✓			12	
White	2.4C		✓			16	

Note: If the the temperature of a cooler is above 6° C or an evidence seal is damaged then identify the bottles, in the affected cooler(s), on back of form.

* Write the tracking number only if the waybill copy cannot be placed in the folder.

Evidence Tape on Bottles Present: Yes ☐ No ☒

If Yes, is it intact? Yes ☐ No ☐

If No, fill out back of form.

Condition of Containers:

Loose Caps: Yes ☐ No ☒ If Yes, fill out back of form.

Broken Containers: Yes ☐ No ☐ If Yes, fill out back of form.

Chain Of Custody/ Field Sheet(s) Included? Yes ☒ No ☐

If Yes, verify receipt of all containers listed, then sign COC/field form. Document discrepancies (i.e. missing containers) on COC/field form.

Acid Preserved Samples: pH <= 2 ? Yes ☒ No ☒ NA ☐ ABJ
If No, fill out back of form and check unpreserved containers with same field ID.

Base Preserved Samples: pH >= 12 or 9? Yes ☐ No ☐ NA ☒ ABJ
(W-CN, OV-CN - pH >= 12), (W-SULFIDE-F, W-SULFIDE - pH >= 9)
If No, fill out back of form and check unpreserved containers with same field ID.

Sample Volume Sufficient: Yes ☒ No ☐ If No, fill out back of form.

Coolers Unpacked/Checked by: ABJ Date: 11-18-08 NCRs (y/n)? Yes

Event ID: Project Greenshores NCR # 2971

NW-DIST-2008-11-18-01 (DISCRTNARY)

NA - Not Applicable

Date Received: 18-NOV-2008 08:50

Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

Cooler ID	Bottle Field ID	Bottle Test ID(s)	Tape intact on Bottle?	
			Yes	No

Bottles Not Intact

Field ID	Bottle Test ID(s)	Loose Cap	Damaged Cap		Damaged Container		Evid. Tape Not Intact
			CK	BR	CK	BR	
#7 <u>AB</u>							

Samples With Incorrect pH Preservation

Field ID	Bottle Test ID(s)	pH	Action Taken
#7	W-NH3-NORM	>2	Preserved in Lab

Samples With Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

Additional Comments:

CK - Cracked, BR - Broken

FROM

127681123

FDEP

160 Governmental Center

Pensacola

R L 32502

Lab

8905458300

TO

DEP RESOURCE ASSESSMT MGMT
RAM CHEMISTRY LAB RM C201
2500 CLAIRSTONE RD

TALLAHASSEE

FL 32399

CHEMISTRY LAB

850-243-8085

Payment

Origin Waybill Number

78919737842

Bill to:

Receiver 3rdParty

☐ Paid in Advance

1 800 Call-DHL

Billing Reference (will appear on invoice)

of Pkgs

Weight (LBS)

Packaging One box must be checked

Express Envelope ☐Express Pack ☐Other Packaging ☒

Special Instructions

☐ SAT☐ HAA☐ LAB☐

Next Day

10:30 ▶

Next Day

12:00 ▶

Next Day

3:00 ▶

2nd

Day

78919 737842

78919 737842

001 (09/00) EC
PACKAGE LABEL

* 7 8 9 1 9 7 3 7 8 4 2 *



TLHIGZ ATT