

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2011-11-21-11

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: Cheryl Bunch

Customer: NW-DIST

Collected By: NWA - DEP

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

PMAS: 1306

Sampling Agency: FDEP

Lab ID *	Location	☐ Comp	Collection (begin)	Eastern	Collection (end)	Eastern	Bottle Group(s)**
Field ID	Pen Bay - Range Marker E. of Texas	☒ Grab	Date 11/29/11 Time 0940	Central	Date	Time	
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
Latitude	pH	Sample Depth ☒ m		☐ Salinity (PPTH)		NPDES Number	
		☐ dms	Longitude	☐ dd	☒ Sp Conductance (umho/cm)		
		☐ dms		☐ dms	Comments		

Lab ID *	Location	☐ Comp	Collection (begin)	Eastern	Collection (end)	Eastern	Bottle Group(s)**
Field ID	Pensacola Bay	☒ Grab	Date 11/29/11 Time 0959	Central	Date	Time	
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
Latitude	pH	Sample Depth ☒ m		☐ Salinity (PPTH)		NPDES Number	
		☐ dms	Longitude	☐ dd	☒ Sp Conductance (umho/cm)		
		☐ dms		☐ dms	Comments		

Lab ID *	Location	☐ Comp	Collection (begin)	Eastern	Collection (end)	Eastern	Bottle Group(s)**
Field ID	East of Primary Stormdrain	☒ Grab	Date 11/29/11 Time 1310	Central	Date	Time	
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
Latitude	pH	Sample Depth ☒ m		☐ Salinity (PPTH)		NPDES Number	
		☐ dms	Longitude	☐ dd	☒ Sp Conductance (umho/cm)		
		☐ dms		☐ dms	Comments		

Lab ID *	Location	☐ Comp	Collection (begin)	Eastern	Collection (end)	Eastern	Bottle Group(s)**
Field ID	100 Ft. South of Stormdrain	☒ Grab	Date 11/29/11 Time 1310	Central	Date	Time	
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
Latitude	pH	Sample Depth ☒ m		☐ Salinity (PPTH)		NPDES Number	
		☐ dms	Longitude	☐ dd	☒ Sp Conductance (umho/cm)		
		☐ dms		☐ dms	Comments		

Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
			AB	11/30/11				

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

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★ No Sample received: 11/30/11

Florida Department of Environmental Protection

Event ID *

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Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: Cheryl Bunch

Customer: NW-DIST

Collected By: NW D - DEP

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

Sampling Agency: F D E P

PMAS: 1306

Lab ID *	Location		☐ Comp ☒ Grab		Collection (begin)		Collection (end)		Bottle Group(s)**								
	Pen Bay - End of Chase St.		Date 11/29		Time 12:55		Eastern Central										
	Field ID		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number										
	5		8.57		8.57		330252GS5										
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C)		pH		Sample Depth			Salinity (PPTH)		NPDES Number					
		8.12		0.15		45975											
Latitude		Longitude		Comments													
Lab ID *	Location		☐ Comp ☒ Grab		Collection (begin)		Collection (end)		Bottle Group(s)**								
	1/2 BTW Muscogee + Hawkshaw		Date 11/29		Time 12:33		Eastern Central										
	Field ID		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number										
	6		8.24		8.24		330251GS6										
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C)		pH		Sample Depth			Salinity (PPTH)		NPDES Number					
		16.80		8.15		0.15		45763									
Latitude		Longitude		Comments													
Lab ID *	Location		☐ Comp ☒ Grab		Collection (begin)		Collection (end)		Bottle Group(s)**								
	1/2 BTW Bridge + Port		Date 11/29		Time 10:04		Eastern Central										
	Field ID		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number										
	7		8.10		8.10		330258GS7										
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C)		pH		Sample Depth			Salinity (PPTH)		NPDES Number					
		16.82		-		0.15		45283									
Latitude		Longitude		Comments													
Lab ID *	Location		☐ Comp ☒ Grab		Collection (begin)		Collection (end)		Bottle Group(s)**								
	W. of Storm Drain Inside Rock		Date 11/29		Time 12:43		Eastern Central										
	Field ID		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number										
	8		8.40		8.40		330252GS8										
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C)		pH		Sample Depth			Salinity (PPTH)		NPDES Number					
		17.05		8.15		0.15		45993									
Latitude		Longitude		Comments													
Relinquished By:		Date/Time		Shipping Method:		Received By:		Date/Time		Relinquished By:		Date/Time		Received By:		Date/Time	
						11/30/11		12:20									

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

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Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2011-11-21-11

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: Cheryl Bunch

Customer: NW-DIST

Collected By: NWD-OEP

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

PMAS: 1306

Sampling Agency: FDEP

Lab ID *	Location <i>West End of Hawkshaw</i>	☐ Comp ☒ Grab	Collection (begin) Date <i>11/29</i> Time <i>1202</i>	Eastern ☒ Central	Collection (end) Date _____ Time _____	Eastern ☐ Central	Bottle Group(s)**	
Field ID <i>9</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>9.25</i>	Storet Station Number <i>330251659</i>				
Matrix (include type e.g. ☒ Salt, Fresh, etc)	Temp (C) <i>16.98</i>	pH <i>8.24</i>	Sample Depth ☒ m <i>0.15</i>	☐ Salinity (PPTH) <i>45862</i>	NPDES Number			
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments						
Lab ID *	Location <i>BTW Marina + Outfall</i>	☐ Comp ☒ Grab	Collection (begin) Date <i>11/29</i> Time <i>1140</i>	Eastern ☒ Central	Collection (end) Date _____ Time _____	Eastern ☐ Central	Bottle Group(s)**	
Field ID <i>10</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>8.38</i>	Storet Station Number <i>3302576510</i>				
Matrix (include type e.g. ☒ Salt, Fresh, etc)	Temp (C) <i>16.94</i>	pH <i>8.20</i>	Sample Depth ☒ m <i>0.15</i>	☐ Salinity (PPTH) <i>45911</i>	NPDES Number			
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments						
Lab ID *	Location <i>Pensacola Bay</i>	☐ Comp ☒ Grab	Collection (begin) Date <i>11/29</i> Time <i>1049</i>	Eastern ☒ Central	Collection (end) Date _____ Time _____	Eastern ☐ Central	Bottle Group(s)**	
Field ID <i>11</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>8.20</i>	Storet Station Number <i>3302576511</i>				
Matrix (include type e.g. ☒ Salt, Fresh, etc)	Temp (C) <i>16.76</i>	pH <i>8.20</i>	Sample Depth ☒ m <i>0.15</i>	☐ Salinity (PPTH) <i>46166</i>	NPDES Number			
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments						
Lab ID *	Location <i>1/4 Btw Bridge + Port</i>	☐ Comp ☒ Grab	Collection (begin) Date <i>11/29</i> Time <i>1035</i>	Eastern ☒ Central	Collection (end) Date _____ Time _____	Eastern ☐ Central	Bottle Group(s)**	
Field ID <i>12</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>8.29</i>	Storet Station Number <i>3302576512</i>				
Matrix (include type e.g. ☒ Salt, Fresh, etc)	Temp (C) <i>16.95</i>	pH <i>8.21</i>	Sample Depth ☒ m <i>0.15</i>	☐ Salinity (PPTH) <i>45697</i>	NPDES Number			
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments						
Relinquished By:	Date/Time	Shipping Method:	Received By: <i>ABP</i>	Date/Time <i>11/30/11</i>	Relinquished By:	Date/Time	Received By:	Date/Time

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** Please see reverse side for Bottle Group information.

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Request Number: RQ-2011-11-21-11

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: Cheryl Bunch

Customer: NW-DIST

Collected By: Gary NWD-DEP

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

Sampling Agency: FDEP

PMAS: 1306

Lab ID *	Location <i>Inside Hawkshaw</i>	☐ Comp ☒ Grab	Collection (begin) Date <i>11/29</i> Time <i>12:10</i>	Eastern Central	Collection (end) Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>13</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>7.21</i>		Storet Station Number <i>3302514L1</i>			
Matrix (include type e.g. Salt, Fresh, etc) <i>Fresh</i>	Temp (C) <i>18.20</i>	pH <i>8.10</i>	Sample Depth ☒ m <i>0.15</i>	☐ Salinity (PPTH) ☒ Sp Conductance (umho/cm) <i>42078</i>	NPDES Number			
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments						
Lab ID *	Location <i>P65 site 2- E. of Storm drain</i>	☐ Comp ☒ Grab	Collection (begin) Date <i>11/29</i> Time <i>12:24</i>	Eastern Central	Collection (end) Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>14</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>8.34</i>		Storet Station Number <i>3302516S7</i>			
Matrix (include type e.g. Salt, Fresh, etc) <i>Fresh</i>	Temp (C) <i>17.15</i>	pH <i>8.15</i>	Sample Depth ☒ m <i>0.15</i>	☐ Salinity (PPTH) ☒ Sp Conductance (umho/cm) <i>46745</i>	NPDES Number			
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments						
Lab ID *	Location	☐ Comp ☐ Grab	Collection (begin) Date _____ 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)	Temp (C)	pH	Sample Depth ☐ m ☐ ft	☐ Salinity (PPTH) ☐ Sp Conductance (umho/cm)	NPDES Number			
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments						
Lab ID *	Location	☐ Comp ☐ Grab	Collection (begin) Date _____ 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)	Temp (C)	pH	Sample Depth ☐ m ☐ ft	☐ Salinity (PPTH) ☐ Sp Conductance (umho/cm)	NPDES Number			
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments						
Relinquished By:	Date/Time	Shipping Method:	Received By: <i>ABP</i>	Date/Time <i>11/30/11</i>	Relinquished By:	Date/Time	Received By:	Date/Time

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** 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 BOTTLE	# 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-S-A-TP W-TKN					

Date of Request: 24-OCT-2011
 Created By: BUNCH_CA On: 24-OCT-2011
 Modified By: BRACKETT_K On: 02-NOV-2011
 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: Cheryl Bunch

Program Module Number: 1306
 Priority: 3
 Event Status: R
 Criminal Investigation: NO
 Chemistry Request Reviewed By: BRACKETT_K On: 02-NOV-2011
 Biology Request Reviewed By: WHITING_D On: 28-OCT-2011
 Sampling Kit Required: YES Ship on: 07-NOV-2011
 Sampling Kit Shipped: YES On: 09-NOV-2011
 Sampling Kit Packed By: WHITE_I
 Date to Receive Samples: 21-NOV-2011
 Received By: SHAIK_A On: 30-NOV-2011

Send Final Report To:

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

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: 14	Preserved With: ICE
BOD-UNIN	Template: DEFAULT	(SM 5210 B) BOD, NOT nitrogen-inhibited
Bottle Type: BP-1L	Number of Bottles: 14	Preserved With: ICE
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry
Bottle Type: TEST HAS NO	Number of Bottles: 14	Preserved With: ICE
NW-UWF-ENT	Template: DEFAULT	(EPA 1600 (MF)) Enterococci by membrane filter method by UWF Overflow Laboratory for NWD
NW-UWF-FC	Template: DEFAULT	(SM 9222 D) Fecal coliforms by membrane filter method by UWF Overflow Laboratory for NWD
Bottle Type: P-1L	Number of Bottles: 14	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 or Apparent Color
Color (true)		
W-TSS	Template: DEFAULT	(SM 2540 D-97) Total Suspended Solids in aqueous matrices
Bottle Type: P-500ML	Number of Bottles: 14	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

Log-in Checklist

RQ- 2011-11-21-11

Shipping Method: Fed Exp

Date/Time of Receipt: 11-30-11/10-20

COOLER CHECK

Cooler ID	Cooler Temp.	Evidence Tape				No. Sample Containers in Cooler	Tracking # (fill out only if waybill copy can't be place in folder)
		Present?		*Intact?			
		Yes	No	Yes	No		
BLUE	3.2c		✓			12	
white	1.0c		✓			12	
white	1.7c		✓			8	
white	1.1c		✓			8	

If the temperature of a cooler is above 6.0 °C (or greater than 10.0 °C for W-1-4-DIOX) or an evidence seal is damaged then identify the bottles, in the affected cooler(s), on back of form.

CONTAINER CHECK

Evidence Tape on Bottles Present: Yes _____ No ✓ *If Yes, is it intact: Yes _____ No _____

Condition of Containers:

*Caps on tight? Yes ✓ No _____ *Containers intact? Yes ✓ No _____

*Chain Of Custody/ Field Sheet(s) Included? Yes ✓ No _____

*Acid Preserved Samples: pH ≤ 2 ? Yes ✓ No _____ NA _____

*Base Preserved Samples: pH ≥ 12 or 9? Yes _____ No _____ NA ✓

(W-CN, OV-CN - pH ≥ 12), (W-SULFDE-F, W-SULFIDE - pH ≥ 9)

S-VOC-MS: samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes _____ No ✓

If yes, place in freezer immediately upon receipt. Date/Time Placed in Freezer: _____

Was every sample placed in freezer within 48 hours of collection? Yes _____ No _____

*If no, were samples shipped on dry ice? Yes _____ No _____

*Preserved Samples for W-1-4-DIOX- pH<4? Yes _____ No _____ NA ✓

*Samples for W-1-4-DIOX- Samples free of chlorine? Yes _____ No _____ NA ✓

*Sample Volume Sufficient: Yes ✓ No _____

Coolers Unpacked/Checked by: ARP Date: 11/30/11 NCRs (y/n)? yes

Event ID: Project Greenshores NCR # _____
NW-DIST-2011-11-30-02 (DISCRTNARY)

FOR CLEAN LAB USE ONLY – Methyl Mercury Preservation Check:

*Samples Preserved within 48 hours? Yes _____ No _____

Date/Time samples preserved: _____

* If "No" is checked then fill out the back of this form with the details (field ID, test IDs, etc.) and generate an NCR.

Log-in Checklist

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		Evid.Tape Not Intact
			CK	BR	CK	BR	

Samples With Incorrect pH Preservation

Field ID	Bottle Test ID(s)	pH	Action Taken

Samples With Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

Additional Comments:

CK - Cracked, BR - Broken

795
000

СУГА.ЛУИИ 1800.606edEx 1.800.463.3339

TO: *Mr. W. G. Governor*
 FedEx Tracking Number: *876861-07025*
 Phone: *8*
 Company: *FDEP*
 Address: *100 W. Government*
Pensacola State *FL* ZIP *92*
 or Internal Billing Reference

FedEx
TRK# 8768 6104 3025
0215

XH TLHA

Recd
 Packages 10 to 150 lbs.
 For packages over 150 lbs. see this rate
 table. Limited to 100 lbs. per box.
 3 Business Days
 2 Day A.M.
 Next morning
 Delivery NOT available.
 Delivery times shown * Thursday shipments
 on Monday unless SATURDAY
 delivery is required.
 Express Saver
 Saturday delivery not available.

WE - 30 NOV A2
 PRIORITY OVERNIGHT
 32399
 FL-US
 TLH

50FCL/BC50/F5F4
 Credit Card Auth.

FedEx NEW Package
Express US Airbill
FedEx Tracking Number 8768 6104 3014

From	This portion can be removed for recipient's records.		
Date	11/29/11	EdEx Tracking Number	876861043014
Sender's Name	F. DEPT / ZACK S. L. PH		Phone 880 595 057
Company	ADD 100 Government		
Address	21		
City	Rockville	State	MD
		ZIP	20850

2 Your Internal Billing Reference

3 To Recipient's Name Phone 800 345-6000

Company FLORIDA RECREATION SERVICE

Address 1400 N. 113TH RD ☐ **HOLD Weekday**
 Please print clearly to 30 boxes per ZIP code. ☐ **FedEx location address**
☐ **REQUIRED. NOT available for**
FedEx First Overnight.

City/Floor/Suite/Room _____

Address _____

Use this line for the HOLD location address or for contribution of your station address.

HOLD Saturday
 FedEx location address
REQUIRED: Available ONLY for
☐ FedEx Priority Overnight and
 FedEx 2Day to select locations.

City ALLAHABAD State U.P. ZIP 201005

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.

4 Express Package Service
NOTE: Service order has changed. Please

Next Business Day

- ☐ **FedEx First Overnight**
Send your next business morning delivery to sale 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.
Sunday Delivery NOT available.

5 Packaging *Declared val

☐ FedEx Envelope* ☐

6 Special Handling an

☐ SATURDAY Delivery
NOT available for FedEx Standard

☐ **No Signature Required**
Package may be left without
obtaining a signature for delivery

Does this shipment contain
☐ One box must
☐ Yes

☐ No ☒ Yes
As per attach
Shipper's De

Dangerous goods (including dry ice)
or placed in a FedEx Express Drop B

7 Payment Bill to
Sender ☐

Section
Acct. No. in Section
I will be billed.

Total Packages Total

*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Rev. Date 11/10 • Part #163134 • ©1994-2010 FedEx • PRINTED IN U.S.A. SHS

0215 8/168 6104 3014

WED - 30 NOV A2

PRIORITY OVERNIGHT

32399

FL-US

TLH

XH TLHA

Emp# 257745 29NOV11 PMSA 50FCL/8C50/7514



Delivery to sale
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8768 6104 3014

100

NEW Package
Express **US Airbill**

8768 6104 3036

This portion can be removed for Recipient's records.

Date 11/29/11
FedEx Tracking Number 876861043036

From
To
Company
Address
City
State
ZIP

Internal Billing Reference

Recipient's Name
Phone

Company
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.

Barcode
8768 6104 3036

Form ID No. 0215

4 Express Package Service
NOTE: Service order has changed. Prior

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery locations. Friday shipments Monday unless SATURDAY.

☒ FedEx Priority Overnight
Next business morning delivery on Monday unless SATURDAY is selected.

☐ FedEx Standard Overnight
Next business afternoon. Secondary delivery NOT available.

WED - 30 NOV A2
PRIORITY OVERNIGHT

32399
FL-US
TLH

Recipient's Copy

Packages up to 150 lbs.
over 150 lbs., use the new
Freight US Airbill.

Direct Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Dry Ice
Dry Ice, 6 UN 1845

Cargo Aircraft Only

7 Payment

Sender
Acct. No. in Section
I will be billed

Third Party
Credit Card
Cash/Check

Total Packages
Total Weight

Credit Card Auth.

Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Rev. Date 11/10 • Part #161314 • ©1994-2010 FedEx • PRINTED IN U.S.A. SRS

FedEx **NEW Package**
Express **US Air**

8768 6104 3047

From This portion can be removed

Date 11/29/11
Sender's Name
Company
Address
City
State
ZIP

Internal Billing Reference

To
Recipient's Name
Phone

Company
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.

Barcode
8768 6104 3047

Form ID No. 0215

4 Express Package Service
NOTE: Service order has changed.

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery locations. Friday shipments Monday unless SATURDAY.

☒ FedEx Priority Overnight
Next business morning delivery on Monday unless SATURDAY is selected.

☐ FedEx Standard Overnight
Next business afternoon. Secondary delivery NOT available.

WED - 30 NOV A2
PRIORITY OVERNIGHT

32399
FL-US
TLH

768 6104 3047

5 Packaging
Declared

☐ FedEx Envelope*

6 Special Handling

☐ SATURDAY Delivery
NOT available for FedEx Standard

No Signature Required
Package may be left without obtaining a signature for delivery

Does this shipment contain
One box max

☐ No ☐ Yes
As per attach Shipper's Doc

Dangerous goods (including dry ice) or placed in a FedEx Express Drop Box

7 Payment Bill to:

Sender
Acct. No. in Section
I will be billed

Recipient
Third Party
Credit Card

Total Packages
Total Weight

Credit Card Auth.

Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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