

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2013-02-25-11

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By:

Cheryl Bunch

Customer: NW-DIST

Collected By:

F O E P

Send Final Report To:

Cheryl Bunch

Project ID: DISCRTNARY

Sampling Agency:

F O E P

PMAS: 1306

Lab ID *	Location	☐ Comp ☒ Grab	Collection (comp begin or grab)	Eastern Date	Composite end Date	Eastern Time	Bottle Group(s)**
	Pen Bay @ Range Marker		Date 3/4/13 Time 0940	Central			
Field ID		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)	Storet Station Number			
	1			3302H32GS1			
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	☐ Salinity (PPTH)	NPDES Number		
	11.85	7.16	0.15 m	☒ Sp Conductance (umho/cm)			
Latitude	Longitude	Comments					
☐ dd ☐ dms	☐ dd ☐ dms						
Lab ID *	Location	☐ Comp ☒ Grab	Collection (comp begin or grab)	Eastern Date	Composite end Date	Eastern Time	Bottle Group(s)**
	Pen Bay 1/2 Bridge + Moscoogee		Date 3/4/13 Time 0955	Central			
Field ID		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)	Storet Station Number			
	2			3302J8GS2			
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	☐ Salinity (PPTH)	NPDES Number		
	11.95	7.54	0.15 m	☒ Sp Conductance (umho/cm)			
Latitude	Longitude	Comments					
☐ dd ☐ dms	☐ dd ☐ dms						
Lab ID *	Location	☐ Comp ☒ Grab	Collection (comp begin or grab)	Eastern Date	Composite end Date	Eastern Time	Bottle Group(s)**
	Pen Bay East of Primary Storm Drain		Date 3/4/13 Time 1020	Central			
Field ID		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)	Storet Station Number			
	3			3302J2GS3			
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	☐ Salinity (PPTH)	NPDES Number		
	12.27	7.57	0.15 m	☐ Sp Conductance (umho/cm)			
Latitude	Longitude	Comments					
☐ dd ☐ dms	☐ dd ☐ dms						
Lab ID *	Location	☐ Comp ☒ Grab	Collection (comp begin or grab)	Eastern Date	Composite end Date	Eastern Time	Bottle Group(s)**
	Pen Bay 100 ft so. of Sfordman		Date 3/4/13 Time 1030	Central			
Field ID		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)	Storet Station Number			
	4			3302J2GS4			
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	☐ Salinity (PPTH)	NPDES Number		
	12.54	7.57	0.15 m	☒ Sp Conductance (umho/cm)			
Latitude	Longitude	Comments					
☐ dd ☐ dms	☐ dd ☐ dms						
Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:
							SLC 3-5-13/9:28

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

Page 1 of 2

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

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2013-02-25-11

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: Cheryl Bunch

Customer: NW-DIST

Collected By: FDEP

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

Sampling Agency: FDEP

PMAS: 1306

Lab ID *	Location Pen Bay End of Chase St		☐ Comp	Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
	Field ID 5		☒ Grab	Date 3/4/13 Time 1050	Central	Date	Time	Group(s)**
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C) 12.46	pH 7.49	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) 9.69	Storet Station Number 3302J2GS5	
	Latitude		Longitude	Sample Depth ☒ m 0.15 ☐ ft 11620	☐ Salinity (PPTH)		NPDES Number	
	☐ dd ☐ dms		☐ dd ☐ dms	Comments				

Lab ID *	Location Pen Bay 1/2 Btw Muscogee and Hawkshaw		☐ Comp	Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
	Field ID 6		☒ Grab	Date 3-4-13 Time 11:05	Central	Date	Time	Group(s)**
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C) 12.38	pH 7.47	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) 9.86	Storet Station Number 3302J1GS6	
	Latitude		Longitude	Sample Depth ☒ m 0.15 ☐ ft 11199	☐ Salinity (PPTH)		NPDES Number	
	☐ dd ☐ dms		☐ dd ☐ dms	Comments collection date & time written in by receiving staff SK				

Lab ID *	Location Pen Bay 1/2 Btw Bridge and Port		☐ Comp	Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
	Field ID 7		☒ Grab	Date 3/4/13 Time 1110	Central	Date	Time	Group(s)**
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C) 12.94	pH 7.56	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) 10.21	Storet Station Number 3302J8GS7	
	Latitude		Longitude	Sample Depth ☒ m 0.15 ☐ ft 13069	☐ Salinity (PPTH)		NPDES Number	
	☐ dd ☐ dms		☐ dd ☐ dms	Comments				

Lab ID *	Location Pen Bay - West of Storm drain		☐ Comp	Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
	Field ID 8		☒ Grab	Date 3/4/13 Time 1045	Central	Date	Time	Group(s)**
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C) 13.55	pH 7.51	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) 0945	Storet Station Number 3302J2GS8	
	Latitude		Longitude	Sample Depth ☒ m 0.15 ☐ ft 13823	☐ Salinity (PPTH)		NPDES Number	
	☐ dd ☐ dms		☐ dd ☐ dms	Comments				

Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
							SK	3-5-13/9128

* Shaded Areas for Lab use only.

last revised October 1, 2003

** Please see reverse side for Bottle Group information.

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						

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2013-02-25-11

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: Cheryl Bunch

Customer: NW-DIST

Collected By: F D E P

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

PMAS: 1306

Sampling Agency: F D E P

Lab ID *	Location <u>Pen Bay West End of Hawkshaw (Hawkshaw)</u>	☐ Comp	Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
		☒ Grab	Date <u>3/4/13</u> Time <u>1140</u>	Central	Date	Time	Central
Field ID	<u>9</u>	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
				<u>10.10</u>		<u>330257GS9</u>	
Matrix (include type e.g. Salt, Fresh, etc)	<u>9</u>	Temp (C)	<u>13.34</u>	pH	<u>7.69</u>	Sample Depth ☒ m	<u>0.65</u>
						☐ ft	<u>13580</u>
Latitude	☐ dd	Longitude	☐ dd	Comments			
	☐ dms		☐ dms				
				☐ Salinity (PPTH)		NPDES Number	
				☒ Sp Conductance (umho/cm)			
Lab ID *	Location <u>Pen Bay Btw Marina and outfall</u>	☐ Comp	Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
		☒ Grab	Date <u>3/4/13</u> Time <u>1132</u>	Central	Date	Time	Central
Field ID	<u>10</u>	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
				<u>9.93</u>		<u>330257GS10</u>	
Matrix (include type e.g. Salt, Fresh, etc)	<u>10</u>	Temp (C)	<u>12.95</u>	pH	<u>7.60</u>	Sample Depth ☒ m	<u>0.15</u>
						☐ ft	<u>13037</u>
Latitude	☐ dd	Longitude	☐ dd	Comments			
	☐ dms		☐ dms				
				☐ Salinity (PPTH)		NPDES Number	
				☒ Sp Conductance (umho/cm)			
Lab ID *	Location <u>Pen Bay Entrance of Marina</u>	☐ Comp	Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
		☒ Grab	Date <u>3/4/13</u> Time <u>1125</u>	Central	Date	Time	Central
Field ID	<u>11</u>	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
				<u>9.90</u>		<u>330257GS11</u>	
Matrix (include type e.g. Salt, Fresh, etc)	<u>11</u>	Temp (C)	<u>12.92</u>	pH	<u>7.58</u>	Sample Depth ☐ m	☐ ft
						☐ ft	<u>12767</u>
Latitude	☐ dd	Longitude	☐ dd	Comments			
	☐ dms		☐ dms				
				☐ Salinity (PPTH)		NPDES Number	
				☒ Sp Conductance (umho/cm)			
Lab ID *	Location <u>Pen Bay Btw Bridge & Post and</u>	☐ Comp	Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
		☐ Grab	Date <u>3/4/13</u> Time <u>1119</u>	Central	Date	Time	Central
Field ID	<u>12</u>	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
				<u>9.80</u>		<u>330257GS12</u>	
Matrix (include type e.g. Salt, Fresh, etc)	<u>12</u>	Temp (C)	<u>12.39</u>	pH	<u>7.57</u>	Sample Depth ☒ m	<u>0.15</u>
						☐ ft	<u>13142</u>
Latitude	☐ dd	Longitude	☐ dd	Comments			
	☐ dms		☐ dms				
				☐ Salinity (PPTH)		NPDES Number	
				☒ Sp Conductance (umho/cm)			
Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:
							<u>3-5-13/9:28</u>

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** Please see reverse side for Bottle Group information.

last revised October 1, 2003

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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					

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2013-02-25-11

Project Greenshores

Central Laboratory Sample Submittal Form

Requester: Cheryl Bunch

Field Report Prepared By: Cheryl Bunch

Customer: NW-DIST

Collected By: FOEP

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

PMAS: 1306

Sampling Agency: FOEP

Lab ID *	Location <u>Hawkshaw Lagoon</u>	☐ Comp ☒ Grab	Collection (comp begin or grab) Eastern Date <u>3/4/13</u> Time <u>1158</u> Central	Composite end Date _____ Time _____ Eastern Date _____ Time _____ Central	Bottle Group(s)**
Field ID	<u>13</u>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <u>11.5</u>	Storet Station Number <u>330251 HL1</u>	
Matrix (include type e.g. Salt/Fresh, etc)	Temp (C) <u>15.0</u> pH <u>7.90</u>	Sample Depth ☒ m <u>0.15</u> ☐ ft	☐ Salinity (PPTH)	NPDES Number	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments			

Lab ID *	Location <u>Pen Bay Inside Site 2</u>	☐ Comp ☒ Grab	Collection (comp begin or grab) Eastern Date <u>3/4/13</u> Time <u>1215</u> Central	Composite end Date _____ Time _____ Eastern Date _____ Time _____ Central	Bottle Group(s)**
Field ID	<u>14</u>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)	Storet Station Number <u>330251 GS7</u>	
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C) <u>14.37</u> pH <u>7.70</u>	Sample Depth ☒ m <u>0.15</u> ☐ ft	☐ Salinity (PPTH)	NPDES Number	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments			

Lab ID *	Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Eastern Date _____ Time _____ Central	Composite end Date _____ Time _____ Eastern Date _____ Time _____ 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)	NPDES Number
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments			

Lab ID *	Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Eastern Date _____ Time _____ Central	Composite end Date _____ Time _____ Eastern Date _____ Time _____ 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)	NPDES Number
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Comments			

Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By: <u>JK</u>	Date/Time <u>3-5-13/9128</u>
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** Please see reverse side for Bottle Group information.

last revised October 1, 2003

Page 1 of 2

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: 23-JAN-2013
 Created By: BUNCH_CA On: 23-JAN-2013
 Modified By: BRACKETT_K On: 04-FEB-2013
 Customer: NW-DIST
 Project: DISCRINARY
 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: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: BRACKETT_K On: 04-FEB-2013
 Biology Request Reviewed By: MILLER_EB On: 30-JAN-2013
 Sampling Kit Required: YES Ship on: 11-FEB-2013
 Sampling Kit Shipped: YES On: 11-FEB-2013
 Sampling Kit Packed By: SHAIK_A
 Date to Receive Samples: 25-FEB-2013
 Received By:

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-2013-02-25-11

Shipping Method: Fedex Date/Time of Receipt: 3-5-13/9:28

COOLER CHECK

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		
White	0.6		✓			12	
White	1.2		✓			12	
White	1.4		✓			12	
White	0.7		✓			8	
White	2.3		✓			12	

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: SK Date: 3-5-13 NCRs (y/n)? 4417

Event ID: NW-DIST-2013-03-05-02 NCR # _____

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

dEx NEW Package **Express** US Airbill

FedEx Tracking Number **8010 1449 0276**

This portion can be removed for Recipient's records.

3/4/13 FedEx Tracking Number **801014490276**

Mr's Cheryl Bunch Phone 850 595-0571

any FIDEP

160 W. Government St

Pensacola State FL ZIP 32502

Internal Billing Reference

Sample RECEIVING Phone 850 245-8085

any FLORIDA DEP/CHEMISTRY SECTION

2600 BLAIRSTONE RD

TALLAHASSEE State FL ZIP 32399-6542



8010 1449 0276

Form 0215

Recipient's Copy

4 Express Package Service *To most locations.
NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.
For packages over 150 lbs., use the new 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
Second business day. Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ NEW 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

- ☐ 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. Fee applies.
- ☐ Indirect 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.

Does this shipment contain dangerous goods?

- ☐ No
- ☐ 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.
- Sender Acct. No. in Section 1 will be billed.
- ☒ Recipient
- ☐ Third Party
- ☐ Credit Card
- ☐ Cash/Check

Total Packages Total Weight lbs.

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

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NEW Package **US Airbill**

FedEx Tracking Number **8996 2134 2279**

removed for Recipient's records.

3/1/13 FedEx Tracking Number **899621342279**

Cheryl Bunch Phone 850 595-0571

FIDEP

160 W. Government St

Pensacola State FL ZIP 32502

Internal Billing Reference

SAMPL RECEIVING Phone 850 245-8085

FLORIDA DEP/CHEMISTRY SECTION

2600 BLAIRSTONE RD

TALLAHASSEE State FL ZIP 32399



8996 2134 2279

Form 0215

Recipient's Copy

4 Express Package Service *To most locations.
NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.
For packages over 150 lbs., use the new 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
Second business day. Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ NEW 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

- ☐ 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. Fee applies.
- ☐ Indirect 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.

Does this shipment contain dangerous goods?

- ☐ No
- ☐ 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.
- Sender Acct. No. in Section 1 will be billed.
- ☒ Recipient
- ☐ Third Party
- ☐ Credit Card
- ☐ Cash/Check

Total Packages Total Weight lbs.

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

611

FedEx
Tracking
Number

8996 2140 7394

This portion can be removed for Recipient's records.

FedEx
Tracking Number

899621407394

Sender's Name **Cheryl Bunch** Phone **850 595-0571**

Company **FOEP**

Address **160 W. Greenway St.**

City **Pensacola** State **FL** ZIP **32502**

Internal Billing Reference

Sender's Address **SAMPLE RECEIVING** Phone **850 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD**

not deliver to P.O. boxes or P.O. ZIP codes.

Dept./Room/Suite/Room

Line for the HOLD location address or for continuation of your shipping address.

City **TALLAHASSEE** State **FL** ZIP **32399**

0447551769



8996 2140 7394

FedEx
Tracking
Number

8996 2140 7409

This portion can be removed for Recipient's records.

FedEx
Tracking Number

899621407409

Sender's Name **Cheryl Bunch** Phone **850 595-0571**

Company **FOEP**

Address **160 W. Greenway St.**

City **Pensacola** State **FL** ZIP **32502**

Internal Billing Reference

Sender's Address **SAMPLE RECEIVING** Phone **850 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD**

not deliver to P.O. boxes or P.O. ZIP codes.

Dept./Room/Suite/Room

Line for the HOLD location address or for continuation of your shipping address.

City **TALLAHASSEE** State **FL** ZIP **32399**

0447551769



8996 2140 7409

Form
ID No. **0215**

Recipient's Copy

4 Express Package Service * To most locations.
NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.
For packages over 150 lbs., use the new
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

- ☐ **NEW 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**

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☐ **Indirect 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.*

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

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ **Cargo Aircraft Only**

7 Payment Bill to:

Sender ☐ Recipient ☐ 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.

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Form
ID No. **0215**

Recipient's Copy

4 Express Package Service * To most locations.
NOTE: Service order has changed. Please select carefully.

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

Next Business Day

- ☐ **FedEx First Overnight**
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- ☒ **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.

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- ☐ **NEW 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

☐ **SATURDAY Delivery**
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☐ **Cargo Aircraft Only**

7 Payment Bill to:

Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages _____ Total Weight _____ Credit Card Auth. _____

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EXpress NEW Package
US Airbill

FedEx
Tracking
Number

8010 1449 5635

portion can be removed for Recipient's records.

3/4/13

FedEx
Tracking Number

801014495635

Cheryl Bunch Phone 850 595-0511

FLEP

160 West Government

Pelissaria State FL ZIP 32502

mal Billing Reference

SAMPLE RECEIVING

Phone 850 245-8085

FLORIDA DEP/CHEMISTRY SECTION

2600 BLAIRSTONE RD

liver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

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.

or the HOLD location address or for continuation of your shipping address.

ALLAHASSEE

State

FL

ZIP

32399-6542

0453899248



8010 1449 5635

Form
ID No.

0215

Recipient's Copy

4 Express Package Service

* To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.

For packages over 150 lbs., use the new
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

☐ **NEW 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

☐ **SATURDAY Delivery**

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☐ **No Signature Required**

Package may be left without
obtaining a signature for delivery.

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Someone at recipient's address
may sign for delivery. *Fee applies.*

☐ **Indirect 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.*

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

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging
or placed in a FedEx Express Drop Box.

☐ **Cargo Aircraft Only**

7 Payment Bill to:

☐ **Sender**
Acct. No. in Section
1 will be billed.

☒ **Recipient**

☐ **Third Party**

☐ **Credit Card**

Obtain recip.
Acct. No. ☐

☐ **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.

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