

Event ID *

Project Greenshores

Field Report Prepared By:

Collected By:

Send Final Report To: Cheryl Bunch

PMAS: 1306

Sampling Agency:

Lab ID *	Location	Range Marker E. of Texar		☐ Comp ☒ Grab	Collection (comp begin or grab)	Eastern Central	Composite end	Eastern	Bottle Group(s)**
	Field ID	1		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	Salinity (PPTh)	NPDES Number			
	Latitude	Longitude	Comments						
Lab ID *	Location	1/2 Bridge and Muscogee		☐ Comp ☒ Grab	Collection (comp begin or grab)	Eastern Central	Composite end	Eastern	Bottle Group(s)**
	Field ID	2		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	Salinity (PPTh)	NPDES Number			
	Latitude	Longitude	Comments						
Lab ID *	Location	E. of Primary Stormdrain PGS1		☐ Comp ☒ Grab	Collection (comp begin or grab)	Eastern Central	Composite end	Eastern	Bottle Group(s)**
	Field ID	3		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	Salinity (PPTh)	NPDES Number			
	Latitude	Longitude	Comments						
Lab ID *	Location	100ft S. of Stormdrain		☐ Comp ☒ Grab	Collection (comp begin or grab)	Eastern Central	Composite end	Eastern	Bottle Group(s)**
	Field ID	4		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	Salinity (PPTh)	NPDES Number			
	Latitude	Longitude	Comments						
Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time	

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

Page 1 of 2

9:30 AM

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-2013-11-25-06

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: _____

Customer: NW-DIST

Collected By: Jack Schang

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

PMAS: 1306

Sampling Agency: FD FFWO NWFLAP

Lab ID *	Location <u>End of Chase St</u>		☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern <u>Central</u>		Composite end Eastern <u>Central</u>		Bottle Group(s)**
	Field ID <u>5</u>		Date <u>2/24/14</u> Time <u>10:18</u>		Date _____ Time _____		Date _____ Time _____		
	Matrix (include type e.g. Salt, Fresh, etc) <u>salt</u>		Temp (C) <u>16.30</u> pH <u>7.53</u>		Tot Res Chlorine (mg/L) _____ Diss Oxygen (mg/L) <u>8.75</u>		Storet Station Number <u>3302J2655</u>		
	Sample Depth ☒ m <u>.15</u> ☐ ft <u>19501</u>		☐ Salinity (PPT) _____ ☒ Sp Conductance (umho/cm) _____		NPDES Number _____				
Latitude <u>30°24'55.9"</u> ☐ dd ☒ dms		Longitude <u>87°11'52.9"</u> ☐ dd ☒ dms		Comments _____					
Lab ID *	Location <u>1/2 Muscogee and Hawkshaw 400ft. from shore</u>		☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern <u>Central</u>		Composite end Eastern <u>Central</u>		Bottle Group(s)**
	Field ID <u>6</u>		Date <u>2/24/14</u> Time <u>10:25</u>		Date _____ Time _____		Date _____ Time _____		
	Matrix (include type e.g. Salt, Fresh, etc) <u>salt</u>		Temp (C) <u>16.26</u> pH <u>7.63</u>		Tot Res Chlorine (mg/L) _____ Diss Oxygen (mg/L) <u>9.44</u>		Storet Station Number <u>3302J1656</u>		
	Sample Depth ☒ m <u>.15</u> ☐ ft <u>20370</u>		☐ Salinity (PPT) _____ ☒ Sp Conductance (umho/cm) _____		NPDES Number _____				
Latitude <u>30°24'47.4"</u> ☐ dd ☒ dms		Longitude <u>87°12'0"</u> ☐ dd ☒ dms		Comments _____					
Lab ID *	Location <u>1/2 Bridge and Port</u>		☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern <u>Central</u>		Composite end Eastern <u>Central</u>		Bottle Group(s)**
	Field ID <u>7</u>		Date <u>2/24/14</u> Time <u>11:17</u>		Date _____ Time _____		Date _____ Time _____		
	Matrix (include type e.g. Salt, Fresh, etc) <u>salt</u>		Temp (C) <u>16.76</u> pH <u>7.74</u>		Tot Res Chlorine (mg/L) _____ Diss Oxygen (mg/L) <u>10.62</u>		Storet Station Number <u>3302J8657</u>		
	Sample Depth ☒ m <u>.15</u> ☐ ft <u>15489</u>		☐ Salinity (PPT) _____ ☒ Sp Conductance (umho/cm) _____		NPDES Number _____				
Latitude <u>30°24'16.5"</u> ☐ dd ☒ dms		Longitude <u>87°11'52.1"</u> ☐ dd ☒ dms		Comments _____					
Lab ID *	Location <u>West of Stormdrain - Inside Rocks</u>		☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern <u>Central</u>		Composite end Eastern <u>Central</u>		Bottle Group(s)**
	Field ID <u>8</u>		Date <u>2/24/14</u> Time <u>10:12</u>		Date _____ Time _____		Date _____ Time _____		
	Matrix (include type e.g. Salt, Fresh, etc) <u>salt</u>		Temp (C) <u>16.52</u> pH <u>7.52</u>		Tot Res Chlorine (mg/L) _____ Diss Oxygen (mg/L) <u>8.29</u>		Storet Station Number <u>3302J2658</u>		
	Sample Depth ☒ m <u>.15</u> ☐ ft <u>18452</u>		☐ Salinity (PPT) _____ ☒ Sp Conductance (umho/cm) _____		NPDES Number _____				
Latitude <u>30°24'59.5"</u> ☐ dd ☒ dms		Longitude <u>87°11'52.7"</u> ☐ dd ☒ dms		Comments _____					
Relinquished By: _____		Date/Time _____	Shipping Method: _____		Received By: _____		Date/Time _____	Relinquished By: _____	
							Date/Time _____		

* 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-2013-11-25-06

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: _____

Customer: NW-DIST

Collected By: Zach Schumy

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

Sampling Agency: FDEP FCO NWFCAP

PMAS: 1306

Lab ID *	Location <u>W. End of Hawkshaw 100ft S. of Outfall</u>			☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern Date <u>2/24/14</u> Time <u>10:51</u> <u>Central</u>		Composite end Date _____ Time _____ Eastern Central		Bottle Group(s)**			
	Field ID <u>9</u>			Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number					
	Matrix (include type e.g. Salt, Fresh, etc) <u>salt</u>			Temp (C) <u>17.08</u>	pH <u>7.64</u>	Sample Depth ☒ m <u>.15</u> ☐ ft	☐ Salinity (PPT) ☒ Sp Conductance (umho/cm)		NPDES Number				
	Latitude <u>30°24'34"</u> ☐ dd ☒ dms			Longitude <u>87°12'12.5"</u> ☐ dd ☒ dms			Comments						
Lab ID *	Location <u>Between Marina and Outfall</u>			☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern Date <u>2/24/14</u> Time <u>10:58</u> <u>Central</u>		Composite end Date _____ Time _____ Eastern Central		Bottle Group(s)**			
	Field ID <u>10</u>			Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number					
	Matrix (include type e.g. Salt, Fresh, etc) <u>salt</u>			Temp (C) <u>16.92</u>	pH <u>7.64</u>	Sample Depth ☒ m <u>.15</u> ☐ ft	☐ Salinity (PPT) ☒ Sp Conductance (umho/cm)		NPDES Number				
	Latitude <u>30°24'29.5"</u> ☐ dd ☒ dms			Longitude <u>87°12'18.1"</u> ☐ dd ☒ dms			Comments						
Lab ID *	Location <u>Entrance of Marina</u>			☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern Date <u>2/24/14</u> Time <u>11:04</u> <u>Central</u>		Composite end Date _____ Time _____ Eastern Central		Bottle Group(s)**			
	Field ID <u>11</u>			Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number					
	Matrix (include type e.g. Salt, Fresh, etc) <u>salt</u>			Temp (C) <u>17.01</u>	pH <u>7.66</u>	Sample Depth ☒ m <u>.15</u> ☐ ft	☐ Salinity (PPT) ☒ Sp Conductance (umho/cm)		NPDES Number				
	Latitude <u>30°24'27.7"</u> ☐ dd ☒ dms			Longitude <u>87°12'26.8"</u> ☐ dd ☒ dms			Comments						
Lab ID *	Location <u>1/4 Between Bridge and Port 400 feet from Shore</u>			☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern Date <u>2/24/14</u> Time <u>11:12</u> <u>Central</u>		Composite end Date _____ Time _____ Eastern Central		Bottle Group(s)**			
	Field ID <u>12</u>			Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number					
	Matrix (include type e.g. Salt, Fresh, etc) <u>salt</u>			Temp (C) <u>16.81</u>	pH <u>7.66</u>	Sample Depth ☒ m <u>.15</u> ☐ ft	☐ Salinity (PPT) ☒ Sp Conductance (umho/cm)		NPDES Number				
	Latitude <u>30°24'20.5"</u> ☐ dd ☒ dms			Longitude <u>87°12'13.2"</u> ☐ dd ☒ dms			Comments						
Relinquished By:		Date/Time	Shipping Method:		Received By:		Date/Time	Relinquished By:		Date/Time	Received By: <u>MP</u>		Date/Time <u>2/25/14</u>

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

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9:30am

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-2013-11-25-06

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: _____

Customer: NW-DIST

Collected By: Each Schanz

Send Final Report To: Cheryl Bunch

Project ID: DISCRTNARY

PMAS: 1306

Sampling Agency: FDEP FCO NWFLAP

Lab ID *	Location <u>Inside Hawkshaw Lagoon</u>			☐ Comp	Collection (comp begin or grab) Eastern			Composite end Eastern		Bottle Group(s)**	
				☒ Grab	Date <u>2/24/14</u>	Time <u>10:45</u>	Central	Date	Time		Central
	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>salt</u>			Temp (C) <u>18.71</u>	pH <u>7.62</u>	Sample Depth ☒ m <u>.15</u>	☐ ft	☐ Salinity (PPT)	☒ Sp Conductance (umho/cm)		NPDES Number
	Latitude <u>30°24'43.6"</u> ☐ dd ☒ dms			Longitude <u>87°12'8.7"</u> ☐ dd ☒ dms			Comments				
Lab ID *	Location <u>E. of Stormdrain Inside Parks</u>			☐ Comp	Collection (comp begin or grab) Eastern			Composite end Eastern		Bottle Group(s)**	
				☒ Grab	Date <u>2/24/14</u>	Time <u>10:33</u>	Central	Date	Time		Central
	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>salt</u>			Temp (C) <u>16.81</u>	pH <u>7.66</u>	Sample Depth ☒ m <u>.15</u>	☐ ft	☐ Salinity (PPT)	☒ Sp Conductance (umho/cm)		NPDES Number
	Latitude <u>30°24'47.2"</u> ☐ dd ☒ dms			Longitude <u>87°12'4.3"</u> ☐ dd ☒ dms			Comments				
Lab ID *	Location			☐ Comp	Collection (comp begin or grab) Eastern			Composite end Eastern		Bottle Group(s)**	
	Field ID			☐ Grab	Date	Time	Central	Date	Time		Central
	Matrix (include type e.g. Salt, Fresh, etc)			Temp (C)	pH	Sample Depth ☐ m	☐ ft	☐ Salinity (PPT)	☐ Sp Conductance (umho/cm)		NPDES Number
	Latitude ☐ dd ☐ dms			Longitude ☐ dd ☐ dms			Comments				
Lab ID *	Location			☐ Comp	Collection (comp begin or grab) Eastern			Composite end Eastern		Bottle Group(s)**	
	Field ID			☐ Grab	Date	Time	Central	Date	Time		Central
	Matrix (include type e.g. Salt, Fresh, etc)			Temp (C)	pH	Sample Depth ☐ m	☐ ft	☐ Salinity (PPT)	☐ Sp Conductance (umho/cm)		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>MP</u>	Date/Time: <u>2/25/14</u>			

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

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7130am

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: 09-OCT-2013
Created By: BUNCH_CA On: 09-OCT-2013
Modified By: WATTS_J On: 12-NOV-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

Send Final Report To:

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: WATTS_J On: 12-NOV-2013
Biology Request Reviewed By: MILLER_EB On: 11-OCT-2013
Sampling Kit Required: YES Ship on: 18-NOV-2013
Sampling Kit Shipped: YES On: 20-NOV-2013
Sampling Kit Packed By: WHITE_I
Date to Receive Samples: 25-NOV-2013
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: 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
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- 2013-11-25-06

Shipping Method: Fedex Date/Time of Receipt: 2/25/14 9:38 am

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	-0.3°C					8	
Red	2.4°C					12	
Red	1.7°C					12	
Red	2.1°C					12	
Red	0.4°C					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: MR Date: 2/25/14 NCRs (y/n)? Y

Event ID: NW-DIST-2014-02-25-02 NCR # 4828

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
1	W-1413, W-142103	> 2	preserved w/ H ₂ SO ₄ @ 10:07 am on 2/25/14

Samples With Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

Additional Comments:

CK - Cracked, BR - Broken

01000

FedEx Package
Express **US Airbill**FedEx
Tracking
Number

8035 4002 7288

1 From

Date

Sender's
Name

Phone

Company

Address

Dept./Floor/Suite/Room

City

State

ZIP

2 Your Internal Billing Reference**3 To**Recipient's
Name

Phone

Company

Address

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

State

ZIP

HOLD WeekdayFedEx 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.

8035 4002 7288

0111825800

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
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**☐ **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?**

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:**

Enter FedEx Acct. No. or Credit Card No. below.

☐ **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 US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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fedex.com 1800.GoFedEx 1800.463.3339

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Recipient's Copy

上

01000

FedEx Express Package
US AirbillFedEx
Tracking
Number

8035 4002 7303

1 From
Date

2/24/14

Sender's
Name

Fach. Schang

Phone

850-595-0599

Company

FDEP

Address

160 W. Galt St.

Dept./Floor/Suite/Room

City

PNS

State

FL

ZIP

32502

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

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.☐

0111825800



8035 4002 7303

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
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

☐ SATURDAY Delivery

NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature RequiredPackage may be left without
obtaining a signature for delivery.☐ Direct SignatureSomeone at recipient's address
may sign for delivery. Fee applies.☐ Indirect SignatureIf 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

One box must be checked.

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:

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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fedex.com 1.800.GoFedEx 1.800.463.3339

31000

FedEx Package
Express US AirbillFedEx
Tracking
Number

8035 4002 7299

Form
ID No. 0215

Recipients Copy

fedex.com 1.800.GoFedEx 1.800.463.3339

1 From

Date

Sender's
Name

Phone

Company

Address

City

State

ZIP

Dup./Rm./Suite/Rm.

2 Your Internal Billing Reference

3 To

Recipient's
Name

Phone

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD

Dup./Rm./Suite/Rm.

Address

State

ZIP

Dup./Rm./Suite/Rm.

City TALAHASSEE

State FL

ZIP 32399

011825800



8035 4002 7299

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

2 or 3 Business Days

FedEx First Overnight

FedEx 2Day A.M.

Earliest next business morning delivery to select
locations. Friday shipments will be delivered on
Monday unless SATURDAY Delivery is selected.Second business morning.*
Saturday Delivery NOT available.

FedEx Priority Overnight

FedEx 2Day

Next business morning.* Friday shipments will be
delivered on Monday unless SATURDAY Delivery
is selected.Second business afternoon.* Thursday shipments
will be delivered on Monday unless SATURDAY
Delivery is selected.

FedEx Standard Overnight

FedEx Express Saver

Next business afternoon.*
Saturday Delivery NOT available.Third business day.*
Saturday Delivery NOT available.

5 Packaging

FedEx Envelope*

FedEx Pak*

FedEx Envelope*

FedEx Box

FedEx Tube

FedEx Envelope*

FedEx Box

FedEx Tube

6 Special Handling and Delivery Signature Options

No Signature Required

Direct Signature

Package may be left without
obtaining a signature for delivery. Fee applies.Someone at recipient's address
may sign for delivery. Fee applies.

Does this shipment contain dangerous goods?

Indirect Signature

One box must be checked.

Shipper's Declaration

No

Dry Ice

Yes

Cargo Aircraft Only*

As per attached

Dry Ice

Shipper's Declaration

Dry Ice

Not required

Cargo Aircraft Only*

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

Sender

Enter FedEx Acct. No. or Credit Card No. below.

Act No. in section

Obtain recip.

Recipient

Credit Card

Third Party

Cash/Check

Total Packages

Total Weight

Total Value

Credit Card Acct.

Total Packages

Total Weight

Total Value

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Total Packages

Total Weight

Total Value

Credit Card Acct.

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FedEx Package
Express **US Airbill**
FedEx
Tracking
Number

8035 4002 7314

1 From

Date

2/24/11

Sender's
Name

Fuch Schling

Phone

850 545 0599

Company

FDLP

Address

160 W. Court. 4

Dept./Floor/Suite/Room

308

City

PNS

State

FL

ZIP

32002

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

☐ **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.

0111825800



8035 4002 7314

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
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

☐ **SATURDAY Delivery**

NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ **No Signature Required**
Package may be left without
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☐ **Direct Signature**
Someone at recipient's address
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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

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

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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