

Florida Department of Environmental Protection

Event ID *

Request Number: RQ-2014-12-08-31

Central Laboratory Sample Submittal Form

Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By:

Customer: NW-DIST

Collected By: Zach Schang

Send Final Report To: Cheryl Bunch

Project ID: DISTRICT

Sampling Agency: FOEP

PMAS: 1306

Lab ID *	Location <i>Range Marker E of Texar</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>12/4/14</i> Time <i>9:32</i>	Eastern <i>Central</i>	Composite end Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>1</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>9.89</i>	Storet Station Number <i>3302432651</i>				
Matrix (include type e.g. Salt, Fresh, etc) <i>salt</i>	Temp (C) <i>15.34</i>	pH <i>8.08</i>	Sample Depth ☒ m <i>0.15</i>	☒ Salinity (PPT) <i>18.24</i>	NPDES Number			
Latitude <i>30°25'13"</i>	☐ dd ☒ dms	Longitude <i>87°10'59.5"</i>	☐ dd ☒ dms	Comments				
Lab ID *	Location <i>1/2 Bridge Muscogee</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>12/4/14</i> Time <i>9:45</i>	Eastern <i>Central</i>	Composite end Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>2</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>10.77</i>	Storet Station Number <i>330258652</i>				
Matrix (include type e.g. Salt, Fresh, etc) <i>salt</i>	Temp (C) <i>15.20</i>	pH <i>8.16</i>	Sample Depth ☒ m <i>0.15</i>	☒ Salinity (PPT) <i>18.56</i>	NPDES Number			
Latitude <i>30°25'42.2"</i>	☐ dd ☒ dms	Longitude <i>87°11'37"</i>	☐ dd ☒ dms	Comments				
Lab ID *	Location <i>E of Primary Storm Drain PGS 2</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>12/4/14</i> Time <i>10:08</i>	Eastern <i>Central</i>	Composite end Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>3</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>10.75</i>	Storet Station Number <i>330252653</i>				
Matrix (include type e.g. Salt, Fresh, etc) <i>salt</i>	Temp (C) <i>15.89</i>	pH <i>8.13</i>	Sample Depth ☒ m <i>0.15</i>	☒ Salinity (PPT) <i>19.54</i>	NPDES Number			
Latitude <i>30°24'58"</i>	☐ dd ☒ dms	Longitude <i>87°11'39.3"</i>	☐ dd ☒ dms	Comments				
Lab ID *	Location <i>100ft South of Storm Drain</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>12/4/14</i> Time <i>10:34</i>	Eastern <i>Central</i>	Composite end Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>4</i>		Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>10.64</i>	Storet Station Number <i>330252654</i>				
Matrix (include type e.g. Salt, Fresh, etc) <i>salt</i>	Temp (C) <i>16.25</i>	pH <i>8.05</i>	Sample Depth ☒ m <i>0.15</i>	☒ Salinity (PPT) <i>18.86</i>	NPDES Number			
Latitude <i>30°25'0"</i>	☐ dd ☒ dms	Longitude <i>87°11'47.8"</i>	☐ dd ☒ dms	Comments				
Relinquished By:	Date/Time	Shipping Method:	Received By: <i>MB</i>	Date/Time <i>12-5-14</i>	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

Florida Department of Environmental Protection

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Request Number: RQ-2014-12-08-31

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Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By: _____

Customer: NW-DIST

Collected By: Zach Schang

Send Final Report To: Cheryl Bunch

Project ID: DISTRICT

PMAS: 1306

Sampling Agency: FDEP

Lab ID *	Location <i>End of Chase St</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>12/4/14</i> Time <i>10:42</i>	Eastern <i>Central</i>	Composite end Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>5</i>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>10.26</i>	Storet Station Number <i>3302J2655</i>					
Matrix (include type e.g. Salt, Fresh, etc) <i>salt</i>	Temp (C) <i>16.25</i>	pH <i>8.20</i>	Sample Depth ☒ m <i>0.15</i>	☒ Salinity (PPTH)	NPDES Number			
Latitude <i>30°24'55.9"</i>	Longitude <i>87°11'52.9"</i>	Comments						
☐ dd ☒ dms	☐ dd ☒ dms							
Lab ID *	Location <i>1/2 Muscogee and Hankshaw 400 ft from shore</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>12/4/14</i> Time <i>10:55</i>	Eastern <i>Central</i>	Composite end Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>6</i>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>10.01</i>	Storet Station Number <i>3302J2656</i>					
Matrix (include type e.g. Salt, Fresh, etc) <i>salt</i>	Temp (C) <i>16.12</i>	pH <i>8.06</i>	Sample Depth ☒ m <i>0.15</i>	☒ Salinity (PPTH)	NPDES Number			
Latitude <i>30°24'47.4"</i>	Longitude <i>87°12'0"</i>	Comments						
☐ dd ☒ dms	☐ dd ☒ dms							
Lab ID *	Location <i>1/2 Bridge and Port</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>12/4/14</i> Time <i>11:09</i>	Eastern <i>Central</i>	Composite end Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>7</i>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>11.17</i>	Storet Station Number <i>3302J8657</i>					
Matrix (include type e.g. Salt, Fresh, etc) <i>salt</i>	Temp (C) <i>15.73</i>	pH <i>8.23</i>	Sample Depth ☒ m <i>0.15</i>	☒ Salinity (PPTH)	NPDES Number			
Latitude <i>30°24'16.5"</i>	Longitude <i>87°11'52.1"</i>	Comments						
☐ dd ☒ dms	☐ dd ☒ dms							
Lab ID *	Location <i>West of Stormdrain Inside Rocks</i>	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>12/4/14</i> Time <i>10:47</i>	Eastern <i>Central</i>	Composite end Date _____ Time _____	Eastern Central	Bottle Group(s)**	
Field ID <i>8</i>	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L) <i>9.99</i>	Storet Station Number <i>3302J2658</i>					
Matrix (include type e.g. Salt, Fresh, etc) <i>salt</i>	Temp (C) <i>16.90</i>	pH <i>8.02</i>	Sample Depth ☒ m <i>0.15</i>	☒ Salinity (PPTH)	NPDES Number			
Latitude <i>30°24'59.5"</i>	Longitude <i>87°11'52.7"</i>	Comments						
☐ dd ☒ dms	☐ dd ☒ dms							
Relinquished By:	Date/Time	Shipping Method:	Received By: <i>ABP</i>	Date/Time <i>12-5-14</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

Page 1 of 2

Group: A	Bottle Type:	P-1L	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
BOD-UNIN						
Group: A	Bottle Type:	BP-1L	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
CHLSUITE-W						
Group: A	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
NW-UWF-ENT						
NW-UWF-FC						
Group: A	Bottle Type:	P-1L	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
TURBIDITY						
W-COLOR						
W-TSS						
Group: A	Bottle Type:	P-500ML	# of Bottles: 15	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
W-NH3						
W-NO2NO3						
W-S-A-TP						
W-TKN						

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Customer: NW-DIST

Collected By: Zach Schang

Send Final Report To: Cheryl Bunch

Project ID: DISTRICT

PMAS: 1306

Sampling Agency: FDEP

Lab ID *	Location	☐ Comp ☒ Grab		Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
	West End of Hankshaw 100ft South of Outfall			Date 12/4/14	Time 11:30	Central	Date	Time
Field ID	9	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number		Bottle Group(s)**
				10.26		3302J1659		
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	☒ m ☐ ft		☒ Salinity (PPTH) ☐ Sp Conductance (umho/cm)		NPDES Number
	16.38	8.13	0.15	18.93				
Latitude	☐ dd ☒ dms	Longitude	☐ dd ☒ dms	Comments				
	30°24'34"	87°12'12.5"						
Lab ID *	Location	☐ Comp ☒ Grab		Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
	Between Marina and Outfall			Date 12/4/14	Time 11:25	Central	Date	Time
Field ID	10	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number		Bottle Group(s)**
				10.22		3302J76510		
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	☒ m ☐ ft		☒ Salinity (PPTH) ☐ Sp Conductance (umho/cm)		NPDES Number
	16.35	8.14	0.15	18.93				
Latitude	☐ dd ☒ dms	Longitude	☐ dd ☒ dms	Comments				
	30°24'29.5"	87°12'18.11"						
Lab ID *	Location	☐ Comp ☒ Grab		Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
	Entrance of Marina			Date 12/4/14	Time 11:18	Central	Date	Time
Field ID	11	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number		Bottle Group(s)**
				11.64		3302J76511		
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	☒ m ☐ ft		☒ Salinity (PPTH) ☐ Sp Conductance (umho/cm)		NPDES Number
	16.69	8.22	0.15	18.93				
Latitude	☐ dd ☒ dms	Longitude	☐ dd ☒ dms	Comments				
	30°24'27.7"	87°12'26.8"						
Lab ID *	Location	☐ Comp ☒ Grab		Collection (comp begin or grab)	Eastern	Composite end	Eastern	Bottle
	1/4 Between Bridge and Port 400ft from Shore			Date 12/4/14	Time 11:13	Central	Date	Time
Field ID	12	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number		Bottle Group(s)**
				10.42		3302J76512		
Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth	☒ m ☐ ft		☒ Salinity (PPTH) ☐ Sp Conductance (umho/cm)		NPDES Number
	15.58	8.20	0.15	18.75				
Latitude	☐ dd ☒ dms	Longitude	☐ dd ☒ dms	Comments				
	30°24'20.5"	87°12'13.2"						
Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
				12-5-14				

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Group: A	Bottle Type:	P-1L	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
BOD-UNIN						
Group: A	Bottle Type:	BP-1L	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
CHLSUITE-W						
Group: A	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
NW-UWF-ENT						
NW-UWF-FC						
Group: A	Bottle Type:	P-1L	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
TURBIDITY						
W-COLOR						
W-TSS						
Group: A	Bottle Type:	P-500ML	# of Bottles: 15	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

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Project Greenshores

Requester: Cheryl Bunch

Field Report Prepared By:

Customer: NW-DIST

Collected By:

Zach Schang

Send Final Report To: Cheryl Bunch

Project ID: DISTRICT

Sampling Agency:

FDEP

PMAS: 1306

Lab ID *	Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern		Composite end Eastern		Bottle Group(s)**
	Field ID		Date		Time		Date Time Central		
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C)		pH		Storet Station Number		
	Latitude		Longitude		Sample Depth		Diss Oxygen (mg/L)		
	dd dms		dd dms		m ft		Salinity (PPTH) Sp Conductance (umho/cm)		
13		Inside Hawkshaw Lagoon		12/4/14		11:41		330251462	
Salt		19.02		7.46		0.15		15.22	
30°24'48.6"		87°12'8.7"							
Lab ID *	Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern		Composite end Eastern		Bottle Group(s)**
	Field ID		Date		Time		Date Time Central		
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C)		pH		Storet Station Number		
	Latitude		Longitude		Sample Depth		Diss Oxygen (mg/L)		
	dd dms		dd dms		m ft		Salinity (PPTH) Sp Conductance (umho/cm)		
14		East of Stormdrain Inside PGS2		12/4/14		11:51		330251657	
Salt		16.63		8.28		0.15		20.05	
30°24'47.2"		87°12'4.3"							
Lab ID *	Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Eastern		Composite end Eastern		Bottle Group(s)**
	Field ID		Date		Time		Date Time Central		
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C)		pH		Storet Station Number		
	Latitude		Longitude		Sample Depth		Diss Oxygen (mg/L)		
	dd dms		dd dms		m ft		Salinity (PPTH) Sp Conductance (umho/cm)		
FB		East of Primary Stormdrain PGS1		12/4/14		10:13			
Lab ID *	Location		☐ Comp ☐ Grab		Collection (comp begin or grab) Eastern		Composite end Eastern		Bottle Group(s)**
	Field ID		Date		Time		Date Time Central		
	Matrix (include type e.g. Salt, Fresh, etc)		Temp (C)		pH		Storet Station Number		
	Latitude		Longitude		Sample Depth		Diss Oxygen (mg/L)		
	dd dms		dd dms		m ft		Salinity (PPTH) Sp Conductance (umho/cm)		
Relinquished By:		Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
					12-5-14				

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Group: A	Bottle Type:	P-1L	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
BOD-UNIN						
Group: A	Bottle Type:	BP-1L	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
CHLSUITE-W						
Group: A	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
NW-UWF-ENT						
NW-UWF-FC						
Group: A	Bottle Type:	P-1L	# of Bottles: 15	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
TURBIDITY						
W-COLOR						
W-TSS						
Group: A	Bottle Type:	P-500ML	# of Bottles: 15	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
W-NH3						
W-NO2NO3						
W-S-A-TP						
W-TKN						

Date of Request: 18-NOV-2014
 Created By: BUNCH_CA On: 18-NOV-2014
 Modified By: MILLER_EB On: 21-NOV-2014
 Customer: NW-DIST
 Project: DISTRICT
 Division: Division of Environmental Assessment and Restoration
 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: WATTS_J On: 19-NOV-2014
 Biology Request Reviewed By: MILLER_EB On: 21-NOV-2014
 Sampling Kit Required: YES Ship on: 28-NOV-2014
 Sampling Kit Shipped: YES On: 25-NOV-2014
 Sampling Kit Packed By: KITCHEN_S
 Date to Receive Samples: 08-DEC-2014
 Received By: SHAIK_A On: 05-DEC-2014

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 15 Samples:**

Bottle Type: P-1L	Number of Bottles: 15	Preserved With: ICE
BOD-UNIN	Template: DEFAULT	(SM 5210 B) BOD, NOT nitrogen-inhibited
Bottle Type: BP-1L	Number of Bottles: 15	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: 15	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: 15	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: 15	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- 2014-12-08-31

Shipping Method: Fed Ex

Date/Time of Receipt: 12-5-14/9:30

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape				Tracking # (fill out only if waybill copy is damaged)
			Present?		*Intact?		
			Yes	No	Yes	No	
Red	1.3C	12		✓			
Red	1.7C	12		✓			
Blue	2.1C	12		✓			
Blue	1.4C	12		✓			
Red	1.1C	12		✓			

*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

****Note:** If "No" is checked in any of the fields below, fill out the back of this form with additional details (Field ID, Test IDs, etc.) and generate an NCR.

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

CONTAINER CHECK

****Evidence Tape on Bottles?** Yes No ✓ If yes, is it intact? Yes No

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

****Sufficient Sample Volume:** Yes ✓ No

CHLORINE CHECK (Blue dot on container)

Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required.					
Analysis	Yes	No	Analysis	Yes	No
W-1,4 DIOX			W-PCB-R	✓	
W-AHERB-AA (-AHB-AA-R)			W-PC-AA-SF		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PESTNP-R		
W-ENDO-AA			W-PSCL-TQ		
W-GLYPH			W-PSNP-TQ		
W-NP-AA-SF			W-PST-CL-R		
W-PAH (-R)					

PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

****Acid Preserved Samples:** pH ≤ 2.0 ? Yes ✓ No NA Init:

****W-1-4-DIOX (Green dot on container) preserved to pH < 4.0?** Yes No NA ✓ Init:

Coolers Unpacked/Checked by: Date: 12-5-14 NCRs (Y/N)?

Event ID: Project Greenshores
NW-DIST-2014-12-05-01 (DISTRICT)
 Date Received: 05-DEC-2014 09:30

NCR #

Log-in Checklist

Samples with Incorrect pH Preservation

Field ID	Bottle Test ID(s)	pH	Action Taken

Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

Cooler ID	Field ID	Bottle Test ID(s)

Bottles Not Intact

Field ID	Bottle Test ID(s)	Loose Cap	Damaged Cap		Damaged Container		Evidence Tape Not Intact
			CK	BR	CK	BR	

Samples with Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

ENCORE SAMPLES

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

Were Encore samples received? Yes____ No____

Date and Time Placed in Freezer _____

Were all samples placed in freezer within 48 hours of collection? Yes____ No____

If no, were samples shipped on dry ice? Yes____ No____

FOR CLEAN LAB USE ONLY – Methyl Mercury Preservation Check:

Samples Preserved within 48 hours? Yes____ No____

Date and time samples preserved: _____

Additional Comments:

1M

Order No. 44111
Shipper's Name Zach Schong Phone 850 245 0599
Company FDEP
Address 160 W. Gault St 308
City Tallahassee State FL ZIP 32302

Internal Billing Reference

Shipper's Name FLORIDA DEP/CHEMISTRY SECTION Phone 850 245-8085

Address 2600 BLAIRSTONE RD
City TALLAHASSEE State FL ZIP 32399-6542
HOLD Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.
HOLD Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.



8065 3803 1809

Order No. 44111
Shipper's Name Zach Schong Phone 850 245 0599
Company FDEP
Address 160 W. Gault St 308
City Tallahassee State FL ZIP 32302

Internal Billing Reference

Shipper's Name FLORIDA DEP/CHEMISTRY SECTION Phone 850 245-8085

Address 2600 BLAIRSTONE RD
City TALLAHASSEE State FL ZIP 32399-6542
HOLD Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.
HOLD Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.



8065 3803 1761

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

Next Business Day	2 or 3 Business Days
☐ FedEx First Overnight Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	☐ FedEx 2Day A.M. Second business morning.* Saturday Delivery NOT available.
☒ FedEx Priority Overnight Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	☐ FedEx 2Day Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
☐ FedEx Standard Overnight Next business afternoon.* Saturday Delivery NOT available.	☐ 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 ☐ Yes
As per attached Shipper's Declaration. 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 ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages 5 Total Weight 10 lbs.

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

Next Business Day	2 or 3 Business Days
☐ FedEx First Overnight Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	☐ FedEx 2Day A.M. Second business morning.* Saturday Delivery NOT available.
☒ FedEx Priority Overnight Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	☐ FedEx 2Day Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
☐ FedEx Standard Overnight Next business afternoon.* Saturday Delivery NOT available.	☐ 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 ☐ Yes
As per attached Shipper's Declaration. 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 ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages 1 Total Weight 50 lbs.

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

FedEx.com 1.800.GoFedEx 1.800.463.3339

FedEx.com 1.800.GoFedEx 1.800.463.3339

Ex Package
Express US Airbill

FedEx
Tracking
Number

8065 3803 1794

1/1/14
Zach Schang
FOEP
160 W. Court St
308
State FL ZIP 32502

Internal Billing Reference

Phone 850 245-8085

FLORIDA DEP/CHEMISTRY SECTION

2600 BLAIRSTONE RD

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

Dept./Floor/Suite/Room

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

TALLAHASSEE

State FL ZIP 32399-6542

0116987824



8065 3803 1794

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

* To meet 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
- ☐ Cargo Aircraft Only

7 Payment Bill to:

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

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

Ex Package
Express US Airbill

FedEx
Tracking
Number

8065 3803 1783

1/1/14
Zach Schang
FOEP
160 W. Court St
308
State FL ZIP 32502

Internal Billing Reference

Phone 850 245-8085

FLORIDA DEP/CHEMISTRY SECTION

2600 BLAIRSTONE RD

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

Dept./Floor/Suite/Room

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

TALLAHASSEE

State FL ZIP 32399-6542

0116987824



8065 3803 1783

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

* To meet 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
- ☐ Cargo Aircraft Only

7 Payment Bill to:

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

Total Packages

Total Weight

Credit Card Auth.

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

611

FedEx.com 1800.GofedEx 1800.463.3339

01000

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

8065 3803 1772

Form
FD No.

0215

1 From

Date

12/1/11

Sender's
Name

Zach Schung

Phone

870 515-0519

Company

FDEP

Address

160 W. Govt. St

708

Dept./Floor/Suite/Room

City

Pns

State

FL

ZIP

32502

2 Your Internal Billing Reference

3 To

Recipient's
Name

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

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.☐

Address

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

City

TALLAHASSEE

State

FL

ZIP

32399-6542



8065 3803 1772

4 Express Package Service

* To meet localities.

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

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

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

265

50

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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