

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

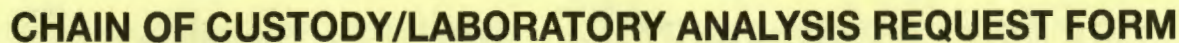
9143 Phillips Highway, Ste 200 • Jacksonville, FL 32256 (904) 739-2277 • 800-695-7222 x06 • FAX (904) 739-2011

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SR#

CAS Contract

Project Name Hurricane Response		Project Number 2016-10-17-76		ANALYSIS REQUESTED (Include Method Number and Container Preservative)																
Project Manager Jeremy Parrish		Email Address Jeremy.M.Parrish@dep.state.fl.us		PRESERVATIVE 8																Preservative Key 0. NONE 1. HCL 2. HNO ₃ 3. H ₂ SO ₄ 4. NaOH 5. Zn. Acetate 6. MeOH 7. NaHSO ₄ 8. Other ICE
Company/Address FDET				NUMBER OF CONTAINERS	Fecal Coliform															
8800 Baymeadows Way W STE 100																				
Jacksonville, FL 32256																				
Phone # 904-526-1700																				REMARKS/ ALTERNATE DESCRIPTION
Sampler's Signature <i>[Signature]</i>		Sampler's Printed Name Amy Kalmbacher																		
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX																
Meadowsweet Up A		10/25/16	1015																	
Fl. Caroline Down A			1045																	
Townsend Down			1105																	
Reading Road Ditch A			1150																	
Blue Pacific Down			1210																	
Teague Bay Dr. North A			1245																	
Meadowsweet Up B			1015																	
Fl. Caroline Down B			1045																	
Reading Rd Ditch B			1150																	
Teague Bay Dr North B			1245																	
Pottsborg Creek South			1350																	
SPECIAL INSTRUCTIONS/COMMENTS Pottsborg Creek Impact + Pottsborg Creek					TURNAROUND REQUIREMENTS RUSH (SURCHARGES APPLY) STANDARD REQUESTED FAX DATE REQUESTED REPORT DATE				REPORT REQUIREMENTS I. Results Only II. Results + QC Summaries (LCS, DUP, MS/MSD as required) III. Results + QC and Calibration Summaries IV. Data Validation Report with Raw Data V. Specialized Forms / Custom Report Edata Yes No				INVOICE INFORMATION PO # BILL TO:							
See QAPP ☐ 1.2 c																				
SAMPLE RECEIPT: CONDITION/COOLER TEMP:				CUSTODY SEALS: Y N																
RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY						
Signature <i>[Signature]</i>		Signature <i>[Signature]</i>		Signature		Signature		Signature		Signature		Signature		Signature						
Printed Name Amy Kalmbacher		Printed Name [Signature]		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name						
Firm FDET		Firm ALS		Firm		Firm		Firm		Firm		Firm		Firm						
Date/Time 10/25/2016 1445		Date/Time 10-25-16 1445		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time						



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Company/Address FDEP				NUMBER OF CONTAINERS	Fecal Coliform																		
8800 Baymeadows Way West																							
Jax FL 32256																							
Phone # 904 256 1700		FAX #																					
Sampler's Signature Paul Blair		Sampler's Printed Name Paul Blair																					
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX																			
Ribault @ Lem Turner / Harbor View Down		10-25-16	10:10	SW	1																		
6 Mile @ Impact @ 5th		10-25-16	10:35	SW	2																		
6 Mile @ Ribault Down		10-25-16	10:50	SW	2																		
Wills Branch @ Impact		10-25-16	11:25	SW	1																		
Wills Branch Down 1		10-25-16	11:35	SW	1																		
Schindler @ Impact		10-25-16	11:55	SW	1																		
Overland Park West		10-25-16	12:15	SW	2																		
Overland Park Impact		10-25-16	12:20	SW	1																		
Overland Park East		10-25-16	12:30	SW	1																		
Fishing Creek Down		10-25-16	12:50	SW	2																		
Woodmere West		10-25-16	13:25	SW	1																		
SPECIAL INSTRUCTIONS/COMMENTS RQ-2016-10-17-76					TURNAROUND REQUIREMENTS				REPORT REQUIREMENTS				INVOICE INFORMATION										
					RUSH (SURCHARGES APPLY) STANDARD REQUESTED FAX DATE REQUESTED REPORT DATE				I. Results Only II. Results + QC Summaries (LCS, DUP, MS/MSD as required) III. Results + QC and Calibration Summaries IV. Data Validation Report with Raw Data V. Specialized Forms / Custom Report Edata Yes No				PO # BILL TO:										
See QAPP ☐																							
SAMPLE RECEIPT: CONDITION/COOLER TEMP:					CUSTODY SEALS: Y N																		
RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY									
Signature Paul Blair		Signature Eric Hartley		Signature		Signature		Signature		Signature		Signature		Signature									
Printed Name Paul Blair		Printed Name Eric Hartley		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name									
Firm 8034/Tallahassee ROC		Firm ALS		Firm		Firm		Firm		Firm		Firm		Firm									
Date/Time 10-25-16 14:40		Date/Time 10-25-16 14:40		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time									

