ALS Environmental

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

SR#

CAS Contract

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

Project Name: Hurricane SSO

Project Number: 2016-10-17-76

Project Manager: Jeremy Parrish

Email Address:

Company/Address: FDEP
8800 Baymeadows Way West
JAX Fl

Phone #: 904 256 1700

FAX #:

Sampler's Signature: [signature]

Sampler's Printed Name: PATRICK O'CONNO

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

PRESERVATIVE: 8

Analysis: Fecal coli

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other ICE

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Fecal coli	REMARKS/ ALTERNATE DESCRIPTION
Flora Br @ Bishop Est		10/26/16	1300	SW	1		
600 Palencia Club Dr.		↓	1345	↓	1		
Palencia Club E. of #1 T		↓	1355	↓	1		
Ditch @ S. Roscoe +LANDRUM		↓	1430	↓	1		

SPECIAL INSTRUCTIONS/COMMENTS

See QAPP ☐

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:

SAMPLE RECEIPT: CONDITION/COOLER TEMP:

CUSTODY SEALS: Y N

	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature	[signature]	E Haley				
Printed Name	Patrick O'Connor	ERIC HARLEY				
Firm	DEAR NEDROC	ALS				
Date/Time	10/26/16 1500	10/26/16 15:00				

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PAGE 1 OF 1

SR#

CAS Contract

Project Name: Hurrican Response	Project Number: 2016-10-17-76
Project Manager: Jeremy Parrish	Email Address:
Company/Address: FDEP 8800 Baymeadows Way W 32256	
Phone #: 904-256-1700	FAX #:
Sampler's Signature: [signature]	Sampler's Printed Name: Amy Kalmbacher

ANALYSIS REQUESTED *(Include Method Number and Container Preservative)*

PRESERVATIVE: 8

NUMBER OF CONTAINERS: Fecal

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other ICE

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	REMARKS/ ALTERNATE DESCRIPTION
ICW@ Bay View		10/19/16	1035	NF	No Sample
St. Augustin Municipal Dock ✓			1050		
Quarry Creek@ old Quarry Rd. ✓			1135		
Quarry creek@ end of Arricola ✓			1120		
ICW@ Buffalo Thyfair ✓			1210		
Hospital Creek@ Mears			1230		
San Sebastian@ 16			0905		
San Sebastian@ US1			0920		
Oyster creek @ DNR			0950		
Oyster creek @ US1			0955		
San Sebastian@ Xylindes			1010		
Lake Maria Sachez (s)			1025		
Vilano Boat Ramp			1240		

SPECIAL INSTRUCTIONS/COMMENTS

See QAPP ☐

TURNAROUND REQUIREMENTS
- ___ RUSH (SURCHARGES APPLY)
- X 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:

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 0.4°C CUSTODY SEALS: Y (N)

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: [signature]	Signature: [signature]	Signature	Signature	Signature	Signature
Printed Name: Nicole Fredenich	Printed Name: Eric Harley	Printed Name	Printed Name	Printed Name	Printed Name
Firm	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10/19/2016 1355	Date/Time: 10/19/16 13:55	Date/Time	Date/Time	Date/Time	Date/Time

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SR#

CAS Contract

Project Name: Hurricane Response	Project Number: 2016-10-17-76
Project Manager: Jeremy Parrish	Email Address: Jeremy.M.Parrish@dep.state.fl.us
Company/Address: FDEP 8800 Baymeadows Way neJT Jax Fl 32256	
Phone #: 904 256 1700	FAX #
Sampler's Signature	Sampler's Printed Name

ANALYSIS REQUESTED *(Include Method Number and Container Preservative)*

PRESERVATIVE: B

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other ICE

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Fecal Coliform	REMARKS/ ALTERNATE DESCRIPTION
MEADOWSweet UP		10-18-16	1235	SW	1		
MEADOWSweet DOWN			1255		1		
Ft. CAROLINE DOWN			1325		1		
TOWNSEND DOWN			1355		1		
MAJestic IMPACT			1405	↓	1		

SPECIAL I NSTRUCTIONS/COMMENTS
JEA SSO Post HURRICANE MAtthew

See QAPP ☐

TURNAROUND REQUIREMENTS
____ RUSH (SURCHARGES APPLY)
____ STANDARD
REQUESTED FAX DATE
REQUESTED REPORT DATE

REPORT REQUIREMENTS
____ I. Results Only
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____ 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:

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 0.1°C CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: Patrick O'Connor	Signature:	Signature	Signature	Signature	Signature
Printed Name: Patrick O'Connor	Printed Name: Shawn Lightsey	Printed Name	Printed Name	Printed Name	Printed Name
Firm: DEAR NED ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10/18/16 1445	Date/Time: 10/18/16 1445	Date/Time	Date/Time	Date/Time	Date/Time

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SR#

CAS Contract

Project Name: Hurricane Response	Project Number: 2016-10-17-76
Project Manager: Jeremy Parrish	Email Address: Jeremy.M.Parrish@dep.State.fl.us
Company/Address: FDEP 8800 Baymeadows Way West Jax Fl 32256	
Phone #: 904 256 1700	FAX #
Sampler's Signature	Sampler's Printed Name

ANALYSIS REQUESTED *(Include Method Number and Container Preservative)*

PRESERVATIVE: C

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other ice

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	fecal coliform	REMARKS/ ALTERNATE DESCRIPTION
Overland Park East		10-18-16	12:45	SW	1	1	
Overland Park Impact		10-18-16	13:05	SW	1		
Overland Park West		10-18-16	13:10	SW	1		
La Moya Down		10-18-16	13:35	SW	1		
La Moya ~~Impact~~ Up		10-18-16	13:50	SW	1		
La Moya Impact		10-18-16	14:00	SW	1		
Woodmere South		10-18-16	14:15	SW	1		
Woodmere West		10-18-16	14:30	SW	1		
Woodmere North		10-18-16	14:40	SW	1		

SPECIAL INSTRUCTIONS/COMMENTS

See QAPP ☐

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REQUESTED REPORT DATE

REPORT REQUIREMENTS
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____ 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:

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 0.1C CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: Paul Blair	Signature: Eric Harley	Signature	Signature	Signature	Signature
Printed Name: Paul Blair	Printed Name: Eric Harley	Printed Name	Printed Name	Printed Name	Printed Name
Firm: Tallahassee FROG	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10-18-16 14:15	Date/Time: 10.18.16 14:15	Date/Time	Date/Time	Date/Time	Date/Time

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