

Gville SCI

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: NE-DIST

Requester: Jeremy M. Parrish

Field Report Prepared By: JParrish

Project ID: SMP

Collected By: JParrish

Sampling Agency: FDEP

|                                                                         |                                                                          |                                                                           |                                                           |                     |                                                                            |                                  |  |                                              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|---------------------|----------------------------------------------------------------------------|----------------------------------|--|----------------------------------------------|
| Location<br><del>Blues Creek @ 71 St</del>                              |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 5/24/16 Time 1230 |                     | Eastern<br>Central                                                         | Composite end<br>Date Time       |  | Bottle<br>Group(s)<br>(See pg 2)<br><br>A, B |
| Field ID<br>Lochloosa @ Fish camp Rd.                                   |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |                                                           | Diss. Oxygen<br>6.0 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)    |  |                                              |
| STORET #<br><del>21030089</del> GINE0015                                |                                                                          | Temp<br>(C) 22                                                            | pH<br>7.2                                                 | Sample<br>Depth 0.1 | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) 128 |  |                                              |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt) 0.06                                                    | Comments                                                  |                     |                                                                            |                                  |  |                                              |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time              |                     | Eastern<br>Central                                                         | Composite end<br>Date Time       |  | Bottle<br>Group(s)                           |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                           | Diss. Oxygen        | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)    |  |                                              |
| STORET #                                                                |                                                                          | Temp<br>(C)                                                               | pH                                                        | Sample<br>Depth     | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm)     |  |                                              |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                         | Comments                                                  |                     |                                                                            |                                  |  |                                              |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time              |                     | Eastern<br>Central                                                         | Composite end<br>Date Time       |  | Bottle<br>Group(s)                           |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                           | Diss. Oxygen        | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)    |  |                                              |
| STORET #                                                                |                                                                          | Temp<br>(C)                                                               | pH                                                        | Sample<br>Depth     | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm)     |  |                                              |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                         | Comments                                                  |                     |                                                                            |                                  |  |                                              |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time              |                     | Eastern<br>Central                                                         | Composite end<br>Date Time       |  | Bottle<br>Group(s)                           |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                           | Diss. Oxygen        | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)    |  |                                              |
| STORET #                                                                |                                                                          | Temp<br>(C)                                                               | pH                                                        | Sample<br>Depth     | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm)     |  |                                              |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                         | Comments                                                  |                     |                                                                            |                                  |  |                                              |

|                                 |                             |                          |                            |                    |                             |
|---------------------------------|-----------------------------|--------------------------|----------------------------|--------------------|-----------------------------|
| Relinquished By:<br>Jeremy Carr | Date/Time<br>5/24/16 @ 1600 | Shipping Method<br>Fedex | Number of Coolers Shipped: | Received By:<br>AB | Date/Time<br>05-25-16/10:00 |
|---------------------------------|-----------------------------|--------------------------|----------------------------|--------------------|-----------------------------|

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|          |              |      |                 |               |     |                                     |
|----------|--------------|------|-----------------|---------------|-----|-------------------------------------|
| Group: A | Bottle Type: | P-1L | # of Bottles: 2 | Preservative: | ICE | Enter Number of Bottles Sent to Lab |
|----------|--------------|------|-----------------|---------------|-----|-------------------------------------|

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ALKALINITY  
TURBIDITY  
W-CL-IC  
W-COLOR  
W-F  
W-SO4-IC  
W-TDS  
W-TSS

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|          |              |       |                 |               |     |                                     |
|----------|--------------|-------|-----------------|---------------|-----|-------------------------------------|
| Group: A | Bottle Type: | BP-1L | # of Bottles: 2 | Preservative: | ICE | Enter Number of Bottles Sent to Lab |
|----------|--------------|-------|-----------------|---------------|-----|-------------------------------------|

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CHLSUITE-W

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|          |              |         |                 |                             |                                     |
|----------|--------------|---------|-----------------|-----------------------------|-------------------------------------|
| Group: A | Bottle Type: | P-500ML | # of Bottles: 2 | Preservative: ICE And H2SO4 | Enter Number of Bottles Sent to Lab |
|----------|--------------|---------|-----------------|-----------------------------|-------------------------------------|

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W-NH3  
W-NO2NO3  
W-S-A-TP  
W-TKN  
W-TOC

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|          |              |         |                 |                        |                                     |
|----------|--------------|---------|-----------------|------------------------|-------------------------------------|
| Group: A | Bottle Type: | P-125ML | # of Bottles: 2 | Preservative: ICE-FLTR | Enter Number of Bottles Sent to Lab |
|----------|--------------|---------|-----------------|------------------------|-------------------------------------|

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W-PO4-F

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|          |              |       |                 |                        |                                     |
|----------|--------------|-------|-----------------|------------------------|-------------------------------------|
| Group: B | Bottle Type: | PJ-2L | # of Bottles: 4 | Preservative: Formalin | Enter Number of Bottles Sent to Lab |
|----------|--------------|-------|-----------------|------------------------|-------------------------------------|

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MI-FW-QLDC

Date of Request: 22-APR-2016  
 Created By: PARRISH\_J On: 22-APR-2016  
 Modified By: WHITE\_R On: 20-MAY-2016  
 Customer: NE-DIST  
 Project: SMP  
 Division:  
 District: Northeast District  
 Sampling Event: Gville SCI

**Send Coolers To:**

Phone: 904-256-1700  
 8800 Baymeadows Way West  
  
 Jacksonville, FL 32256-7577  
 Attn: Jeremy Parrish

**Send Final Report To:**

8800 Baymeadows Way West  
  
 Jacksonville, FL 32256-7577  
 Attn: Jeremy Parrish

Program Module Number:  
 Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WHITE\_R On: 20-MAY-2016  
 Biology Request Reviewed By: WHITE\_R On: 20-MAY-2016  
 Sampling Kit Required: NO Ship on:  
 Sampling Kit Shipped: YES On: 06-MAY-2016  
 Sampling Kit Packed By: BOWDEN\_M  
 Preservatives Needed: NO  
 Date to Receive Samples: 16-MAY-2016  
 Received By: SHAIK\_A On: 25-MAY-2016

Report Type: Final Only  
 FTP Data: NO  
 QC Report: YES  
 Date Log: NO  
 Authorization Log: NO

## Comments:

**Bottle Group A (Water) With 2 Samples:**

|                                   |                      |                                                                                                                    |
|-----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L                 | Number of Bottles: 2 | Preserved With: ICE                                                                                                |
| ALKALINITY                        | Template: DEFAULT    | (SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO <sub>3</sub> /L                                           |
| TURBIDITY                         | Template: DEFAULT    | (EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices                                                                 |
| W-CL-IC                           | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Chloride in aqueous matrices                                                                  |
| W-COLOR                           | Template: DEFAULT    | (SM 2120 B) True Color measured at 450 nm                                                                          |
| Color (true)                      |                      |                                                                                                                    |
| W-F                               | Template: DEFAULT    | (SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)               |
| W-SO <sub>4</sub> -IC             | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices                                                                   |
| W-TDS                             | Template: DEFAULT    | (SM 2540 C-97) Total Dissolved Solids in aqueous matrices                                                          |
| W-TSS                             | Template: DEFAULT    | (SM 2540 D-97) Total Suspended Solids in aqueous matrices                                                          |
| Bottle Type: BP-1L                | Number of Bottles: 2 | Preserved With: ICE                                                                                                |
| CHLSUITE-W                        | Template: DEFAULT    | (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry |
| Bottle Type: P-500ML              | Number of Bottles: 2 | Preserved With: ICE And H <sub>2</sub> SO <sub>4</sub>                                                             |
| W-NH <sub>3</sub>                 | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                         |
| W-NO <sub>2</sub> NO <sub>3</sub> | 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                                                   |
| W-TOC                             | Template: DEFAULT    | (SM 5310 B-00) Nonpurgeable Organic Carbon in aqueous matrices                                                     |
| Bottle Type: P-125ML              | Number of Bottles: 2 | Preserved With: ICE-FLTR                                                                                           |
| W-PO <sub>4</sub> -F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                           |

**Bottle Group B (Biological) With 2 Samples:**

|                    |                      |                                                                |
|--------------------|----------------------|----------------------------------------------------------------|
| Bottle Type: PJ-2L | Number of Bottles: 4 | Preserved With: Formalin                                       |
| MI-FW-QLDC         | Template: DEFAULT    | (SOP-IZ06) No. Taxa of FW macroinverts, qual samp, 20 dipnets. |

**Bottle Group C (Water) With 1 Samples:**

|                    |                      |                                                                                        |
|--------------------|----------------------|----------------------------------------------------------------------------------------|
| Bottle Type: BG-1L | Number of Bottles: 1 | Preserved With: ICE                                                                    |
| W-AHERB-AA         | Template:            | (USGS O-2060-01) Chlorinated (phenoxy acid) herbicides in water matrices by HPLC/MS/MS |

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**Bottle Group C (Water) With 1 Samples:**

|                    |                      |                                                                                                        |
|--------------------|----------------------|--------------------------------------------------------------------------------------------------------|
| Bottle Type: BG-1L | Number of Bottles: 1 | Preserved With: ICE                                                                                    |
| W-GLYPH            | Template: DEFAULT    | (EPA 8321B) Glyphosate in water matrices by HPLC/MS/MS                                                 |
| W-UHERB-AA         | Template: DEFAULT    | (USGS O-2060-01) Urea herbicides and other chemicals in water matrices by HPLC/MS/MS                   |
| Bottle Type: BG-1L | Number of Bottles: 4 | Preserved With: ICE                                                                                    |
| W-PSCL-TQ          | Template: DEFAULT    | (EPA 8270D) Organochlorine pesticides (ultra low level) in water matrices by GC/MS/MS                  |
| Bottle Type: BG-1L | Number of Bottles: 4 | Preserved With: ICE                                                                                    |
| W-PSNP-TQ          | Template: DEFAULT    | (EPA 8270D) Organonitrogen and phosphorus pesticides (ultra trace level) in water matrices by GC/MS/MS |

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\* - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.

# Log-in Checklist

RQ- 2016-05-16-26

Shipping Method: Fed Exp

Date/Time of Receipt: 05-25-16 11:00

| 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       | 1.9C                | 6                               |               | ✓ |          |  |                                                       |
|           |                     |                                 |               |   |          |  |                                                       |
|           |                     |                                 |               |   |          |  |                                                       |
|           |                     |                                 |               |   |          |  |                                                       |
|           |                     |                                 |               |   |          |  |                                                       |
|           |                     |                                 |               |   |          |  |                                                       |

\*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-PC-AA-SF    |     |    |
| W-AHERB-AA (-AHB-AA-R)                                                                               |     |    | W-PCL-SQ (-R) |     |    |
| 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)                                                                                           |     |    | W-TR-TQ       |     |    |
| W-PCB-R                                                                                              |     |    |               |     |    |

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

\*\*Acid Preserved Samples: pH ≤ 2.0? Yes ☒ No ☐ NA ☐ Init: ASB

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

Coolers Unpacked/Checked by: ASB Date: 05-25-16 NCRs (Y/N)? —

Event ID: Guille SCI  
NE-DIST-2016-05-25-01 (SMP)  
 Date Received: 25-MAY-2016 10:00

NCR # —

## Log-in Checklist

### Samples with Incorrect pH Preservation or presence of Chlorine

| Field ID | Bottle Test ID(s) | pH / Cl | 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 – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):**

Samples preserved within 48 hours? Yes\_\_\_\_\_ No\_\_\_\_\_

Date and time samples preserved: \_\_\_\_\_

**Additional Comments:**

01000

**FedEx**  
ExpressPackage  
US AirbillFedEx  
Tracking  
Number

8100 1917 4495

Form  
ID No. 0215

fedex.com 1800.GoFedEx 1800.463.3339

**1 From**  
Date 5-24-2016

Sender's Name J. Parrish Phone 904 256-1700

Company FDEP

Address 8800 Baymeadows Way W STE 100  
City Jacksonville State FL ZIP 32256

**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

0123448864



8100 1917 4495

**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**

- ☐ 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** Fees may apply. See the FedEx Service Guide.

- ☐ 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.
- ☐ Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

**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

Restrictions apply for dangerous goods -- see the current FedEx Service Guide.

**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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