

Corrected FieldSheet. 09-16-16

Request Number: RQ-2016-09-12-29

Florida Department of Environmental Protection  
Central Laboratory Submittal Form

Page 1 of 2  
last revised Apr 7, 2016

Nassau MidWest

Customer: NE-DIST

Requester: Jeremy M. Parrish

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

A. Kalmbacher  
FDEP/NE ROC

|                |  |                                                             |  |           |  |                                                             |  |                                                                           |  |                                 |  |                                                                                 |  |                                                                      |  |                           |  |
|----------------|--|-------------------------------------------------------------|--|-----------|--|-------------------------------------------------------------|--|---------------------------------------------------------------------------|--|---------------------------------|--|---------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|---------------------------|--|
| Location       |  | Field Id                                                    |  | Barcode   |  | G4NE0050 09132016                                           |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab) |  | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central |  | Composite end                                                        |  | Bottle Group(s)           |  |
| Field ID       |  | Barcode                                                     |  | Barcode   |  | 19010042                                                    |  | Date                                                                      |  | Time                            |  | Date                                                                            |  | Time                                                                 |  | Date                      |  |
| STORET         |  | Calkins trib at Hamp Register Rd                            |  | store ID  |  | Barcode                                                     |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                    |  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      |  | Total Res. Chlorine (mg/L)                                           |  | A                         |  |
| Latitude       |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Temp (C)                                                                  |  | pH                              |  | Sample Depth                                                                    |  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m |  | Sp. Conductance (umho/cm) |  |
| Salinity (ppt) |  | 0.03                                                        |  | Comments  |  |                                                             |  |                                                                           |  |                                 |  |                                                                                 |  |                                                                      |  |                           |  |
| Location       |  | Field Id                                                    |  | Barcode   |  | G4NE0131 09132016                                           |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab) |  | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central |  | Composite end                                                        |  | Bottle Group(s)           |  |
| Field ID       |  | Barcode                                                     |  | Barcode   |  | 19010123                                                    |  | Date                                                                      |  | Time                            |  | Date                                                                            |  | Time                                                                 |  | Date                      |  |
| STORET         |  | Unnamed Branch at CR125                                     |  | store ID  |  | Barcode                                                     |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                    |  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      |  | Total Res. Chlorine (mg/L)                                           |  | A                         |  |
| Latitude       |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Temp (C)                                                                  |  | pH                              |  | Sample Depth                                                                    |  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m |  | Sp. Conductance (umho/cm) |  |
| Salinity (ppt) |  | 0.04                                                        |  | Comments  |  |                                                             |  |                                                                           |  |                                 |  |                                                                                 |  |                                                                      |  |                           |  |
| Location       |  | Field Id                                                    |  | Barcode   |  | G4NE0135 09132016                                           |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab) |  | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central |  | Composite end                                                        |  | Bottle Group(s)           |  |
| Field ID       |  | Barcode                                                     |  | Barcode   |  | 19010127                                                    |  | Date                                                                      |  | Time                            |  | Date                                                                            |  | Time                                                                 |  | Date                      |  |
| STORET         |  | Unnamed Stream @ CR 121                                     |  | store ID  |  | Barcode                                                     |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                    |  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      |  | Total Res. Chlorine (mg/L)                                           |  | A                         |  |
| Latitude       |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Temp (C)                                                                  |  | pH                              |  | Sample Depth                                                                    |  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m |  | Sp. Conductance (umho/cm) |  |
| Salinity (ppt) |  | 0.09                                                        |  | Comments  |  |                                                             |  |                                                                           |  |                                 |  |                                                                                 |  |                                                                      |  |                           |  |
| Location       |  | Field Id                                                    |  | Barcode   |  | G4NE0135 09132016                                           |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab) |  | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central            |  | Composite end                                                        |  | Bottle Group(s)           |  |
| Field ID       |  | Barcode                                                     |  | Barcode   |  | 19010127                                                    |  | Date                                                                      |  | Time                            |  | Date                                                                            |  | Time                                                                 |  | Date                      |  |
| STORET #       |  |                                                             |  | store ID  |  | Barcode                                                     |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                    |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                 |  | Total Res. Chlorine (mg/L)                                           |  |                           |  |
| Latitude       |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Temp (C)                                                                  |  | pH                              |  | Sample Depth                                                                    |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m            |  | Sp. Conductance (umho/cm) |  |
| Salinity (ppt) |  |                                                             |  | Comments  |  |                                                             |  |                                                                           |  |                                 |  |                                                                                 |  |                                                                      |  |                           |  |

|                  |           |                 |                            |              |               |
|------------------|-----------|-----------------|----------------------------|--------------|---------------|
| Relinquished By: | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time     |
| J. Kalmbacher    | 9-14-2016 | FedEx           | 1                          | APB          | 9-15-16/16:30 |

Date of Request: 05-AUG-2016  
 Created By: PARRISH\_J On: 05-AUG-2016  
 Modified By: MATTHEWS\_D On: 22-AUG-2016  
 Customer: NE-DIST  
 Project: SMP  
 Division:  
 District: Northeast District  
 Sampling Event: Nassau MidWest

**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: WATTS\_J On: 22-AUG-2016  
 Biology Request Reviewed By: MATTHEWS\_D On: 22-AUG-2016  
 Sampling Kit Required: NO Ship on:  
 Sampling Kit Shipped:  
 Sampling Kit Packed By:  
 Preservatives Needed: NO  
 Date to Receive Samples: 12-SEP-2016  
 Received By: SHAIK\_A On: 15-SEP-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                           |

# Log-in Checklist

RQ- 2016-09-12-29

Shipping Method: Fed Ex

Date/Time of Receipt: 09-15-16 11:30

| 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       | 1.7C                | 8                               |               | ✓  |          |    | 81001918 2243                                         |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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: APB

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

Coolers Unpacked/Checked by: APB Date: 9-15-16 NCRs (Y/N)?  

Event ID: Nassau MidWest NCR #  

NE-DIST-2016-09-15-02 (SMP)

Date Received: 15-SEP-2016 10:30

## 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:**