Request Number: RQ-2016-09-19-47

Suwannee makeup

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised

Customer: NE-DIST

Project ID: SMP

Requester: Jeremy M. Parrish

Field Report Prepared By: Pat O'Connor

Collected By: P O'Connor, A. Kalenbacher

Sampling Agency: DEAR NED ROC

field ID G1NE0591 O9202016 **Monteocha at CR340** storet ID 21030112	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 09/20/16 Time 1045	(Eastern) Central	Composite end Date Time	Bottle Group(s) (See pg 2) A
	Matrix (type, e.g., Salt, Fresh, etc) Surface Fresh	Diss. Oxygen 2.00 ☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
	Temp (C) 24.6	pH 6.41	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 89	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 0.05	Comments DO% 23.7		
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments		
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments		
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments		

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
PO'Connor	09/20/16	FedEx	1	SK	9-21-16 / 10:06

*Will send Rest of Samples on Thursday

Group: A | Bottle Type: | # of Bottles: 0 | Preservative: | Enter Number of Bottles Sent to Lab 4

ALKALINITY
CHLSUITE-W
TURBIDITY
W-CL-IC
W-COLOR
W-F
W-NH3
W-NO2NO3
W-PO4-F
W-S-A-TP
W-SO4-IC
W-TDS
W-TKN
W-TOC
W-TSS

Request Number: RQ-2016-09-19-47

Suwannee makeup

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: NE-DIST

Project ID: SMP

Requester: Jeremy M. Parrish

Field Report Prepared By:

Collected By:

Sampling Agency:

Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms / Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms / Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms / Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms / Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time

Group: A	Bottle Type:	P-1L	# of Bottles: 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab 1
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS					

Group: A	Bottle Type:	BP-1L	# of Bottles: 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab 1
	CHLSUITE-W					

Group: A	Bottle Type:	P-500ML	# of Bottles: 3	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab 1
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC					

Group: A	Bottle Type:	P-125ML	# of Bottles: 3	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab 1
	W-PO4-F					

RQ-2016-09-19-47

Date of Request: 19-SEP-2016
Created By: PARRISH_J On: 19-SEP-2016
Modified By: MATTHEWS_D On: 20-SEP-2016
Customer: NE-DIST
Project: SMP
Division:
District: Northeast District
Sampling Event: Suwannee makeup

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: A
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 19-SEP-2016
Biology Request Reviewed By: MATTHEWS_D On: 20-SEP-2016
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 19-SEP-2016
Received By:

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

Comments:

Bottle Group A (Water) With 3 Samples:

Bottle Type: P-1L	Number of Bottles: 3	Preserved With: ICE	
ALKALINITY	Template: DEFAULT	(SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO3/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-SO4-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: 3	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: 3	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	
W-TOC	Template: DEFAULT	(SM 5310 B-00) Nonpurgeable Organic Carbon in aqueous matrices	
Bottle Type: P-125ML	Number of Bottles: 3	Preserved With: ICE-FLTR	
W-PO4-F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L	

2016-09-19-11(4)

RQ- 2016-09-19-47(4) **Log-in Checklist**

Shipping Method: Fedex Date/Time of Receipt: 9.21.16/10:06

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	0.0	8		✓			

*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: SK ✓

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

Coolers Unpacked/Checked by: SK **Date:** 9.21.16 **NCRs (Y/N)?** N

Event ID: NE-DIST-2016-09-21-01 **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:

00472

01000

FedEx Express ® *Package US Airbill*

FedEx Tracking Number **8103 9283 5020**

Form ID No. **0215**

MUR3

Recipient's Copy

1 From

Date 9/20/16 [redacted]

Sender's Name B Davis Phone 904 256-9700

Company FDEP DEAR NED RCC

Address 8800 Baymeadows Way W suite 100 Dept./Floor/Suite/Room

City Jax 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 Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address

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

City TALLAHASSEE State FL ZIP 32399

☐ 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.

0124031825

8103 9283 5020

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

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

[redacted]262[redacted]

Total Packages 3 Total Weight ____ lbs. [redacted] 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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