

Suwannee 1

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: NE-DIST

Requester: Nicole Frederick

Field Report Prepared By: Patrick O'Connor

Project ID: SMP

Collected By: P.O'Connor, B Davis

Sampling Agency: DEAR NED ROC

Location FK	field ID 	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 11/01/16 Time 1040	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID 21010018 01012016	storet ID 	Matrix (type, e.g., Salt, Fresh, etc) SURFACE Fresh		Diss. Oxygen 3.8 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) _____	A
STORE Falling Creek above Falls	storet ID 21010018	Temp (C) 17.1	pH 6.8	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 70	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 0.04	Comments DO% 39.2			
Location DUP	field ID 	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 11/01/16 Time 1045	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID G1NE0236 01012016	storet ID 	Matrix (type, e.g., Salt, Fresh, etc) SURFACE Fresh		Diss. Oxygen 3.8 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) _____	A
STORE Falling Creek above Falls DUP	storet ID 21010018	Temp (C) 17.1	pH 6.8	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 70	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 0.04	Comments DUPLICATE DO% 39.2			
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: PO'Connor	Date/Time 11/01/16 1330	Shipping Method Fed Ex	Number of Coolers Shipped: 1	Received By: SK	Date/Time 11-2-16/10:30
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Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>2</u>
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ALKALINITY
TURBIDITY
W-CL-IC
W-COLOR
W-F
W-SO4-IC
W-TDS
W-TSS

Group: A	Bottle Type:	BP-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>2</u>
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CHLSUITE-W

Group: A	Bottle Type:	P-500ML	# of Bottles: 5	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	<u>2</u>
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W-NH3
W-NO2NO3
W-S-A-TP
W-TKN
W-TOC

Group: A	Bottle Type:	P-125ML	# of Bottles: 5	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	<u>2</u>
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W-PO4-F

Date of Request: 12-SEP-2016
 Created By: FREDERIC_N On: 12-SEP-2016
 Modified By: WATTS_J On: 25-OCT-2016
 Customer: NE-DIST
 Project: SMP
 Division:
 District: Northeast District
 Sampling Event: Suwannee 1

Send Coolers To:

Phone: 904-256-1700
 8800 Baymeadows Way
 Suite 100
 Jacksonville, FL 32256
 Attn: Nicole Frederick

Program Module Number:

Priority: 3
 Event Status: R
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 25-OCT-2016
 Biology Request Reviewed By: WATTS_J On: 25-OCT-2016
 Sampling Kit Required: YES Ship on: 28-OCT-2016
 Sampling Kit Shipped: YES On: 28-OCT-2016
 Sampling Kit Packed By: WATTS_J
 Preservatives Needed: NO
 Date to Receive Samples: 24-OCT-2016
 Received By: KITCHEN_S On: 02-NOV-2016

Send Final Report To:

8800 Baymeadows Way
 Suite 100
 Jacksonville, FL 32256
 Attn: Nicole Frederick

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

Comments: NE ROC

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 ₃ /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 ₄ -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 ₂ SO ₄
W-NH ₃	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L
W-NO ₂ NO ₃	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 ₄ -F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

RQ- 2016-10-24-15

Log-in Checklist

Shipping Method: FedexDate/Time of Receipt: 11-216/10:30

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	
<u>Red</u>	<u>1.8</u>	<u>8</u>			☒		

*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: 11-2-11

NCRs (Y/N)? N

Event ID: NE-DIST-2016-11-02-01

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:

008977

01000

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8104 1261 7992

16099

fedex.com 1800.GoFedEx 1800.463.3339

06175033

1 From
 Date 11/01/16
 Sender's Name Patrick O'Connor Phone 904 705 7873
 Company DEAR NED ROC
 Address 8800 BAY MEADOWS WAY W.
 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 2500 BLAIRSTONE RD
 We cannot deliver to P.O. boxes or P.D. ZIP codes.
 Address _____
 Use this line for the HOLD location address or for continuation of your shipping address.
 City TALLAHASSEE State FL ZIP 32399-6542

☐ 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.



8104 1261 7992

Form
ID No. 0215

Recipient's Copy

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

Total Packages _____ Total Weight _____ lbs. 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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