

Lk Blue Cove/Sumter Blue+DO

## Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: CEN-DIST

Requester: Michael Linger

Field Report Prepared By:

Mike Linger

Project ID: SMP

Collected By:

Mike Linger / Katie Williams

Sampling Agency:

FDEP C-ROC

|                                                                         |                                                                          |                                                                           |                                                            |                      |                                                                            |                                  |  |                                    |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------|----------------------|----------------------------------------------------------------------------|----------------------------------|--|------------------------------------|
| Location<br>Shady Brook @ 500m US of CR 35                              |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 1/25/16 Time 10:15 |                      | Eastern<br>Central                                                         | Composite end<br>Date Time       |  | Bottle Group(s)<br>(See pg 2)<br>A |
| Field ID<br>G1CE0015                                                    |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |                                                            | Diss. Oxygen<br>8.6  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)    |  |                                    |
| STORET #<br>C1CE0015                                                    |                                                                          | Temp (C)<br>9.6                                                           | pH<br>7.3                                                  | Sample Depth<br>0.15 | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) 338 |  |                                    |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)<br>0.2                                                     | Comments                                                   |                      |                                                                            |                                  |  |                                    |
| Location<br>Lake Blue Cove @ 150m SW of Center                          |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 1/25/16 Time 11:29 |                      | Eastern<br>Central                                                         | Composite end<br>Date Time       |  | Bottle Group(s)<br>(See pg 2)<br>A |
| Field ID<br>G4CE0022                                                    |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |                                                            | Diss. Oxygen<br>8.1  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)    |  |                                    |
| STORET #<br>G4CE0022                                                    |                                                                          | Temp (C)<br>14.9                                                          | pH<br>7.6                                                  | Sample Depth<br>0.3  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) 95  |  |                                    |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)<br>0.04                                                    | 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 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 (C)                                                                  | pH                                                         | Sample 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 (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 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 (C)                                                                  | pH                                                         | Sample 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 (ppt)                                                            | Comments                                                   |                      |                                                                            |                                  |  |                                    |

|                  |           |                 |              |                   |                  |           |              |           |
|------------------|-----------|-----------------|--------------|-------------------|------------------|-----------|--------------|-----------|
| Relinquished By: | Date/Time | Shipping Method | Received By: | Date/Time         | Relinquished By: | Date/Time | Received By: | Date/Time |
|                  |           |                 |              | 01/26/16<br>09:15 |                  |           |              |           |

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

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

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

BOD-UNIN

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

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 _____ |
|----------|--------------|---------|-----------------|-----------------------------|-------------------------------------------|

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 _____ |
|----------|--------------|---------|-----------------|------------------------|-------------------------------------------|

W-PO4-F

Date of Request: 30-DEC-2015  
 Created By: LINGER\_M On: 30-DEC-2015  
 Modified By: WATTS\_J On: 06-JAN-2016  
 Customer: CEN-DIST  
 Project: SMP  
 Division:  
 District: Central District  
 Sampling Event: Lk Blue Cove/Sumter Blue+DO

**Send Coolers To:**

Phone: 407-897-4180  
 FL Dept. of Environmental Protection  
 3319 Maguire Blvd., Suite 232  
 Orlando, FL 32803-3767  
 Attn: Mike Linger

Program Module Number: 1306  
 Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 06-JAN-2016  
 Biology Request Reviewed By: MILLER\_EB On: 06-JAN-2016  
 Sampling Kit Required: YES Ship on: 13-JAN-2016  
 Sampling Kit Shipped: YES On: 07-JAN-2016  
 Sampling Kit Packed By: BOWDEN\_M  
 Preservatives Needed: YES  
 Date to Receive Samples: 25-JAN-2016  
 Received By: SHAIK\_A On: 26-JAN-2016

**Send Final Report To:**

FL Dept. of Environmental Protection  
 3319 Maguire Blvd., Suite 232  
 Orlando, FL 32803-3767  
 Attn: Mike Linger

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

Comments: 1 - case of sulfuric acid

**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: P-1L                 | Number of Bottles: 2 | Preserved With: ICE                                                                                                |
| BOD-UNIN                          | Template: DEFAULT    | (SM 5210 B) BOD, NOT nitrogen-inhibited                                                                            |
| 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- 2016-01-25-07

Shipping Method: Fed exp

Date/Time of Receipt: 01-26-16 / 9:15

| 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 |                                                       |
| BLUE      | 0.8c                | 10                              |               | ✓  |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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: ABP

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

Coolers Unpacked/Checked by: ABP Date: 01-26-16

NCRs (Y/N)? Y

Event ID: LK Blue Cove/Sumter Blue+DO  
CEN-DIST-2016-01-26-01 (SMP)

NCR #                     

Date Received: 26-JAN-2016 09:15

## 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 – Methyl Mercury Preservation Check:**

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

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

**Additional Comments:**

332

000

17710

www.gofedex.com 1800.GoFedEx 1800.463.3339

**FedEx**  
ExpressFedEx  
Tracking  
Number

8092 3436 8946

Form  
ID No.

0215

MUR3

1 From

Date

1/25/14

Sender's  
Name

Katie Williams

Phone

407 647 4100

Company

FDEP

Address

3319 Maguire Blvd Ste 232

City

Orlando

State

FL

ZIP

32803

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

32399-6542

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.☐

## 4 Express Package Service

NOTE: Service order has changed. Please select carefully.

## 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 OvernightNext 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 SaverThird 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

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

## Does this shipment contain dangerous goods?

One box must be checked

☐ No☐ YesAs per attached  
Shipper's Declaration.☐ YesShipper's Declaration  
not required.☐ Dry Ice  
Dry Ice, 9 UN 1845

x kg

☐ Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

## 7 Payment Bill to:

Sender  
Acct. No. in Section  
1 will be billed.☒ Recipient☐ Third Party☐ Credit CardObtain recip  
Acct. No. ☐☐ Cash/Check

Total Packages

Total Weight

Credit Card Auth.

lbs

Your liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

611



8092 3436 8946