

## Shaik, Amzad

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**From:** Williams, Kathryn M.  
**Sent:** Friday, April 29, 2016 13:28  
**To:** Shaik, Amzad; Boman, Leif  
**Cc:** Watts, John; Holland, Kathryn; White, Ramsey  
**Subject:** RE: COLLECTION TIME

That was my fault, sorry about that. It was 12:15 p.m.

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**From:** Shaik, Amzad  
**Sent:** Friday, April 29, 2016 1:04 PM  
**To:** Williams, Kathryn M.; Boman, Leif  
**Cc:** Watts, John; Holland, Kathryn; White, Ramsey  
**Subject:** COLLECTION TIME

Katie Williams / Leif Boman:

RQ-2016-04-25-57, no collection time on the submittal form or on the containers.  
Please email me the collection time.

Thanks.

*Amzad Shaik*  
*FLORIDA DEP LABS*  
*Scientific Support Section*  
*850-245-8081*  
*[Amzad.shaik@dep.state.fl.us](mailto:Amzad.shaik@dep.state.fl.us)*

Mud Lake+LVI

last revised Apr 7, 2016

## Central Laboratory Submittal Form

Customer: CEN-DIST

Requester: Michael Linger

Field Report Prepared By:

Katie Williams

Project ID: SMP

Collected By:

Leif Boman

Sampling Agency:

FDEP

|                                                                         |                                                                          |                                                                           |                                                            |                     |                                                                            |                                   |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------|---------------------|----------------------------------------------------------------------------|-----------------------------------|
| Location<br>Mud Lake @ center                                           |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 4/29/16 Time 12:15 | Eastern<br>Central  | Composite end<br>Date Time                                                 | Bottle<br>Group(s)<br>(See pg 2)  |
| Field ID<br>G4CE0114                                                    |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br>fresh                            |                                                            | Diss. Oxygen<br>9.8 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) n/a |
| STORET #<br>G4CE0114                                                    |                                                                          | Temp<br>(C) 27.7                                                          | pH<br>7.8                                                  | Sample<br>Depth 0.3 | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) 204  |
| 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) 0.10                                                    | 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                                                   |                     |                                                                            |                                   |
| 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>K Williams | Date/Time<br>4/29/16 1500 | Shipping Method<br>FedEx | Number of Coolers Shipped:<br>1 | Received By:<br>[Signature] | Date/Time<br>4-29-16 10:20 |
|--------------------------------|---------------------------|--------------------------|---------------------------------|-----------------------------|----------------------------|

BY email. 4/29/16.

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

  

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

  

|          |              |         |                 |               |               |                                     |   |
|----------|--------------|---------|-----------------|---------------|---------------|-------------------------------------|---|
| Group: A | Bottle Type: | P-500ML | # of Bottles: 1 | 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: 1 | Preservative: | ICE-FLTR | Enter Number of Bottles Sent to Lab | 1 |
| W-PO4-F  |              |         |                 |               |          |                                     |   |

Date of Request: 07-APR-2016  
 Created By: LINGER\_M On: 07-APR-2016  
 Modified By: WATTS\_J On: 08-APR-2016  
 Customer: CEN-DIST  
 Project: SMP  
 Division:  
 District: Central District  
 Sampling Event: Mud Lake+LVI

**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: 08-APR-2016  
 Biology Request Reviewed By: SWANSON\_C On: 08-APR-2016  
 Sampling Kit Required: YES Ship on: 18-APR-2016  
 Sampling Kit Shipped: YES On: 18-APR-2016  
 Sampling Kit Packed By: SHAIK\_A  
 Preservatives Needed: NO  
 Date to Receive Samples: 25-APR-2016  
 Received By: SHAIK\_A On: 29-APR-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:

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

|                                   |                      |                                                                                                                    |
|-----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L                 | Number of Bottles: 1 | 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: 1 | Preserved With: ICE                                                                                                |
| BOD-UNIN                          | Template: DEFAULT    | (SM 5210 B) BOD, NOT nitrogen-inhibited                                                                            |
| Bottle Type: BP-1L                | Number of Bottles: 1 | 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: 1 | 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: 1 | 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-2016-04-25-57

Shipping Method: Fed Exp

Date/Time of Receipt: 4-20-16/10:20

| 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            | Yes | No       |  |                                                       |
| White     | 1-7C                | 4                               |               | ✓   |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |

\*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: ABJ

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

Coolers Unpacked/Checked by: ABJ Date: 4-20-16 NCRs (Y/N)? —

Event ID: Mud Lake+LVI  
CEN-DIST-2016-04-29-03 (SMP)  
Date Received: 29-APR-2016 10:20  
 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 – Methyl Mercury Preservation Check:

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

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

**Additional Comments:**

00384

01000

16334

fedex.com 1800.GoFedEx 1800.463.3339

05943033

**FedEx**  
ExpressPackage  
US AirbillFedEx  
Tracking  
Number

8099 4719 7980

1 From 4/28/14

Date 4/28/14

Sender's Name Kate Williams Phone 407 2974100

Company FDEP

Address 3317 Magnolia 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

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.



8099 4719 7980

Form 0215

## 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  
I 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.

611