

Holiday Springs

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: CEN-DIST

Requester: Michael Linger

Field Report Prepared By: Kate Williams

Project ID: SMP

Collected By: Leif BomanSampling Agency: 2IFCEN

|          |                                                             |           |                                                             |                            |                                                                           |                                                                         |                                                                                 |                                                                      |                               |                                         |
|----------|-------------------------------------------------------------|-----------|-------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------|-----------------------------------------|
| Location | Holiday Springs at vent<br>above pump house                 |           | G1CE0029<br>Field ID ↑<br>STORET ↓<br>G1CE0029              |                            | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>7/13/16</u> Time <u>1150</u> | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date _____ Time _____                               | Bottle Group(s)<br>(See pg 2) |                                         |
| Field ID |                                                             |           |                                                             |                            | Matrix (type, e.g., Salt, Fresh, etc)<br><u>fresh</u>                     | Diss. Oxygen<br><u>2.2</u>                                              | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      | Total Res. Chlorine<br>(mg/L) <u>n/a</u>                             | A                             |                                         |
| STORET # | RQ-2016-07-11-51<br>Date: 7/13/16                           |           |                                                             |                            | Temp (C) <u>23.8</u>                                                      | pH <u>7.7</u>                                                           | Sample Depth <u>0.15</u>                                                        | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m |                               | Sp. Conductance<br>(umho/cm) <u>305</u> |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt) <u>0.14</u> | Comments                                                                  |                                                                         |                                                                                 |                                                                      |                               |                                         |
| Location |                                                             |           |                                                             |                            | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                | <input type="checkbox"/> Eastern<br><input type="checkbox"/> 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 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <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 _____                | <input type="checkbox"/> Eastern<br><input type="checkbox"/> 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 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <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 _____                | <input type="checkbox"/> Eastern<br><input type="checkbox"/> 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 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)             | Comments                                                                  |                                                                         |                                                                                 |                                                                      |                               |                                         |

|                  |           |                 |                            |                        |                                |
|------------------|-----------|-----------------|----------------------------|------------------------|--------------------------------|
| Relinquished By: | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By: <u>SK</u> | Date/Time <u>7-14-16/10:10</u> |
|------------------|-----------|-----------------|----------------------------|------------------------|--------------------------------|

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

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

Date of Request: 23-JUN-2016  
 Created By: LINGER\_M On: 23-JUN-2016  
 Modified By: MATTHEWS\_D On: 27-JUN-2016  
 Customer: CEN-DIST  
 Project: SMP  
 Division:  
 District: Central District  
 Sampling Event: Holiday Springs

**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: S  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 24-JUN-2016  
 Biology Request Reviewed By: MATTHEWS\_D On: 27-JUN-2016  
 Sampling Kit Required: YES Ship on: 30-JUN-2016  
 Sampling Kit Shipped: YES On: 28-JUN-2016  
 Sampling Kit Packed By: SHAIK\_A  
 Preservatives Needed: NO  
 Date to Receive Samples: 11-JUL-2016  
 Received By:

**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: 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                           |                                                        |

RQ-2016-07-11-51

## Log-in Checklist

Shipping Method: FedexDate/Time of Receipt: 7-14-16/10:10

| 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     | -0.1                | 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: 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: 7-14-16

NCRs (Y/N)? N

Event ID: CEN-DIST-2016-07-14-01

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:**

00774

01000

**FedEx**  
Express

 Package  
US Airbill

 FedEx  
Tracking  
Number

8099 4719 9880

16287

fedex.com 1800.GoFedEx 1800.463.3339

05943033

 1 From  
Date 7/13/16

 Sender's Name Leif Boman Phone 407 897-4309

 Company FDEP

 Address 3319 Maguire Blvd suite 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 TALLAHASSEE

 City TALLAHASSEE State FL ZIP 32399

0122645602



8099 4719 9880

Form 10 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?

☒ 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

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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