

Lake Blue Springs

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: CEN-DIST

Requester: Michael Linger

Field Report Prepared By: Terry Riordan

Project ID: SMP

Collected By: Terry Riordan/Natalie AyalaSampling Agency: 21 FL CEN

|          |                                                             |           |                                                                                                                                                                                                                                 |                      |                                 |                                                                                           |                                      |                 |
|----------|-------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------|-----------------|
| Location | RQ-2016-10-31-62<br>Blue Springs (Lake Co.) @ Weir          |           | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab                                                                                                                                                       |                      | Collection (comp begin or grab) | Eastern<br>Central                                                                        | Composite end                        | Bottle Group(s) |
| Field ID | Date: 11/09/2016<br>Time:                                   |           | <br><b>G1CE0024</b><br>Field ID ↑<br>STORET ↓<br><br>20020459 |                      | Date <u>11-9-16</u>             | Time <u>1235</u>                                                                          | Date                                 | Time            |
| STORET # |                                                             |           | Matrix (type, e.g., Salt, Fresh, etc)                                                                                                                                                                                           |                      | Diss. Oxygen                    | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                | Total Res. Chlorine (mg/L)           | A               |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                                                                                                                                     | Temp (C) <u>23.8</u> | pH <u>7.5</u>                   | Sample Depth <u>0.3</u> <input type="checkbox"/> ft <input checked="" type="checkbox"/> m | Sp. Conductance (umho/cm) <u>283</u> |                 |
|          |                                                             |           | Salinity (ppt) <u>0.13</u>                                                                                                                                                                                                      |                      | Comments                        |                                                                                           |                                      |                 |
| Location |                                                             |           | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab                                                                                                                                                                  |                      | Collection (comp begin or grab) | Eastern<br>Central                                                                        | Composite end                        | Bottle Group(s) |
| Field ID |                                                             |           |                                                                                                                                                                                                                                 |                      | Date                            | Time                                                                                      | Date                                 | Time            |
| STORET # |                                                             |           | Matrix (type, e.g., Salt, Fresh, etc)                                                                                                                                                                                           |                      | Diss. Oxygen                    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                           | Total Res. Chlorine (mg/L)           |                 |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                                                                                                                                     | Temp (C)             | pH                              | Sample Depth <input type="checkbox"/> ft <input type="checkbox"/> m                       | Sp. Conductance (umho/cm)            |                 |
|          |                                                             |           | Salinity (ppt)                                                                                                                                                                                                                  |                      | Comments                        |                                                                                           |                                      |                 |
| Location |                                                             |           | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab                                                                                                                                                                  |                      | Collection (comp begin or grab) | Eastern<br>Central                                                                        | Composite end                        | Bottle Group(s) |
| Field ID |                                                             |           |                                                                                                                                                                                                                                 |                      | Date                            | Time                                                                                      | Date                                 | Time            |
| STORET # |                                                             |           | Matrix (type, e.g., Salt, Fresh, etc)                                                                                                                                                                                           |                      | Diss. Oxygen                    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                           | Total Res. Chlorine (mg/L)           |                 |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                                                                                                                                     | Temp (C)             | pH                              | Sample Depth <input type="checkbox"/> ft <input type="checkbox"/> m                       | Sp. Conductance (umho/cm)            |                 |
|          |                                                             |           | Salinity (ppt)                                                                                                                                                                                                                  |                      | Comments                        |                                                                                           |                                      |                 |
| Location |                                                             |           | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab                                                                                                                                                                  |                      | Collection (comp begin or grab) | Eastern<br>Central                                                                        | Composite end                        | Bottle Group(s) |
| Field ID |                                                             |           |                                                                                                                                                                                                                                 |                      | Date                            | Time                                                                                      | Date                                 | Time            |
| STORET # |                                                             |           | Matrix (type, e.g., Salt, Fresh, etc)                                                                                                                                                                                           |                      | Diss. Oxygen                    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                           | Total Res. Chlorine (mg/L)           |                 |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                                                                                                                                     | Temp (C)             | pH                              | Sample Depth <input type="checkbox"/> ft <input type="checkbox"/> m                       | Sp. Conductance (umho/cm)            |                 |
|          |                                                             |           | Salinity (ppt)                                                                                                                                                                                                                  |                      | Comments                        |                                                                                           |                                      |                 |

|                      |                       |                 |                            |              |                         |
|----------------------|-----------------------|-----------------|----------------------------|--------------|-------------------------|
| Relinquished By:     | Date/Time             | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time               |
| <u>Terry Riordan</u> | <u>11-9-16 / 1600</u> | <u>Fed Ex</u>   | <u>1</u>                   | <u>MRB</u>   | <u>11/10/16 / 10:05</u> |

|          |              |      |                 |               |     |                                     |   |
|----------|--------------|------|-----------------|---------------|-----|-------------------------------------|---|
| 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: | 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: 13-OCT-2016  
 Created By: LINGER\_M On: 13-OCT-2016  
 Modified By: MATTHEWS\_D On: 14-OCT-2016  
 Customer: CEN-DIST  
 Project: SMP  
 Division:  
 District: Central District  
 Sampling Event: Lake Blue 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: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 14-OCT-2016  
 Biology Request Reviewed By: MATTHEWS\_D On: 14-OCT-2016  
 Sampling Kit Required: YES Ship on: 01-NOV-2016  
 Sampling Kit Shipped: YES On: 01-NOV-2016  
 Sampling Kit Packed By: KITCHEN\_S  
 Preservatives Needed: NO  
 Date to Receive Samples: 31-OCT-2016  
 Received By: SHAIK\_A On: 02-NOV-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 CaCO3/L                                                        |
| TURBIDITY            | Template: DEFAULT    | (EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices                                                                 |
| W-CL-IC              | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Chloride in aqueous matrices                                                                  |
| W-COLOR              | Template: DEFAULT    | (SM 2120 B) True Color measured at 450 nm                                                                          |
| Color (true)         |                      |                                                                                                                    |
| W-F                  | Template: DEFAULT    | (SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)               |
| W-SO4-IC             | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices                                                                   |
| W-TDS                | Template: DEFAULT    | (SM 2540 C-97) Total Dissolved Solids in aqueous matrices                                                          |
| W-TSS                | Template: DEFAULT    | (SM 2540 D-97) Total Suspended Solids in aqueous matrices                                                          |
| Bottle Type: BP-1L   | Number of Bottles: 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 H2SO4                                                                                      |
| W-NH3                | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                         |
| W-NO2NO3             | Template: DEFAULT    | (EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L                                                 |
| W-S-A-TP             | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L                                                |
| W-TKN                | Template: DEFAULT    | (EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices                                                   |
| W-TOC                | Template: DEFAULT    | (SM 5310 B-00) Nonpurgeable Organic Carbon in aqueous matrices                                                     |
| Bottle Type: P-125ML | Number of Bottles: 1 | Preserved With: ICE-FLTR                                                                                           |
| W-PO4-F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                           |

# Log-in Checklist

RQ- 2016-10-31-62

Shipping Method: Fedex

Date/Time of Receipt: 11/10/16/10:05

| 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      | -1.2                | 4                               |               | ✓  |          |    | 8104 1261 6183                                        |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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: MB

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

Coolers Unpacked/Checked by: MB Date: 11/10/16 NCRs (Y/N)? N

Event ID: CEN-DIST-2016-11-10-03 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:**