

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Customer: CEN-DIST

Project ID: SMP

Requester: Michael Linger

Field Report Prepared By:

Collected By:

Natalie Ayala / Lei F Boman

Sampling Agency:

Natalie Ayala
FDEP

Holiday Springs Above Pump House Date: 11/15/2016 RQ-2016-10-31-65		G1CE0029 Field ID STORET		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>11/15/16</u> Time <u>1205</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2) <u>A</u>	
		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>2.0</u>		☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
		Temp (C) <u>23.7</u>		pH <u>7.5</u>		Sample Depth <u>0.2</u>	☐ ft ☒ m		Sp. Conductance (umho/cm) <u>307</u>
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) <u>0.2</u>		Comments			

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	☐ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)		
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat			Total Res. Chlorine (mg/L)	
STORET #		Temp (C)		pH			Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)			Comments	

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	☐ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)		
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat			Total Res. Chlorine (mg/L)	
STORET #		Temp (C)		pH			Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)			Comments	

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	☐ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)		
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat			Total Res. Chlorine (mg/L)	
STORET #		Temp (C)		pH			Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)			Comments	

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	☐ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)		
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat			Total Res. Chlorine (mg/L)	
STORET #		Temp (C)		pH			Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)			Comments	

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
Natalie Ayala	11/15/16	FedEx	2	SK	11-16-16 / 10:05

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: Lk Charles

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: KITCHEN_S On: 03-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 CaCO ₃ /L
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
W-CL-IC	Template: DEFAULT	(EPA 300.0 Rev. 2.1) Chloride in aqueous matrices
W-COLOR	Template: DEFAULT	(SM 2120 B) True Color measured at 450 nm
Color (true)		
W-F	Template: DEFAULT	(SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)
W-SO ₄ -IC	Template: DEFAULT	(EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices
W-TDS	Template: DEFAULT	(SM 2540 C-97) Total Dissolved Solids in aqueous matrices
W-TSS	Template: DEFAULT	(SM 2540 D-97) Total Suspended Solids in aqueous matrices
Bottle Type: BP-1L	Number of Bottles: 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 ₂ SO ₄
W-NH ₃	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L
W-NO ₂ NO ₃	Template: DEFAULT	(EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L
W-S-A-TP	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L
W-TKN	Template: DEFAULT	(EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices
W-TOC	Template: DEFAULT	(SM 5310 B-00) Nonpurgeable Organic Carbon in aqueous matrices
Bottle Type: P-125ML	Number of Bottles: 1	Preserved With: ICE-FLTR
W-PO ₄ -F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

RQ 2016-10-31-65

Log-in Checklist

Shipping Method: FedexDate/Time of Receipt: 11-16-16/10:05

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape		*Intact?		Tracking # (fill out only if waybill copy is damaged)
			Present?		Yes	No	
<u>Red</u>	<u>1.1</u>	<u>4</u>	Yes	No	Yes	No	

*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

****Note:** If "No" is checked in any of the fields below, fill out the back of this form with additional details (Field ID, Test IDs, etc.) and generate an NCR.

**Chain of Custody/ Field Sheet(s) Included? Yes ✓ No

CONTAINER CHECK

****Evidence Tape on Bottles?** Yes No ✓ If yes, is it intact? Yes No

****Caps on tight?** Yes ✓ No ****Containers intact?** Yes ✓ No

****Sufficient Sample Volume:** Yes ✓ No

CHLORINE CHECK (Blue dot on container)

Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required.					
Analysis	Yes	No	Analysis	Yes	No
W-1,4 DIOX			W-PC-AA-SF		
W-AHERB-AA (-AHB-AA-R)			W-PCL-SQ (-R)		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PESTNP-R		
W-ENDO-AA			W-PSCL-TQ		
W-GLYPH			W-PSNP-TQ		
W-NP-AA-SF			W-PST-CL-R		
W-PAH (-R)			W-TR-TQ		
W-PCB-R					

PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

****Acid Preserved Samples:** pH ≤ 2.0? Yes ✓ No NA Init: SK

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

Coolers Unpacked/Checked by: SK Date: 11-16-16

NCRs (Y/N)?

Event ID: CEN-DIST-2016-11-16-02

NCR #

00931

01000

16040

fedex.com 1800.GoFedEx 1800.463.3339

06175033

FedEx Package
Express US Airbill
FedEx
Tracking
Number

8104 1262 0337

1 From

Date 11/15/14

Sender's
Name

Luf Boman

Phone

407 897-4309

Company

FDEP - CE ROC

Address

3319 Maguire Blvd

City

Orlando

State

FL

ZIP

32803

Dept./Floor/Suite/Room

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.☐Form
ID No.

0215

Recipient's Copy

4 Express Package Service

* To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

Next Business Day

☐

FedEx First Overnight

Earliest next business morning delivery to select
locations. Friday shipments will be delivered on
Monday unless Saturday Delivery is selected.☒

FedEx Priority Overnight

Next business morning.* Friday shipments will be
delivered on Monday unless Saturday Delivery
is selected.☐

FedEx Standard Overnight

Next business afternoon.*
Saturday Delivery NOT available.

2 or 3 Business Days

☐

FedEx 2Day A.M.

Second business morning.*
Saturday Delivery NOT available.☐

FedEx 2Day

Second business afternoon.* Thursday shipments
will be delivered on Monday unless Saturday
Delivery is selected.☐

FedEx Express Saver

Third business day.*
Saturday Delivery NOT available.

5 Packaging

* Declared value limit \$500.

☐

FedEx Envelope*

☐

FedEx Pak*

☐FedEx
Box☐FedEx
Tube☐

Other

6 Special Handling and Delivery Signature Options

Fees may apply. See the FedEx Service Guide.

☐

Saturday Delivery

NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐

No Signature Required

Package may be left without
obtaining a signature for delivery.☐

Direct Signature

Someone at recipient's address
may sign for delivery.☐

Indirect Signature

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

Does this shipment contain dangerous goods?

One box must be checked.

☐

No

☐Yes
As per attached
Shipper's Declaration.☐Yes
Shipper's Declaration
not required.☐

Dry Ice

Dry ice, 9 UN 1845 _____ kg

☐ Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

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.

611

fedex.com 1800.GoFedEx 1800.463.3339

8104 1262 0337