

Request Number: RQ-2016-03-21-34

Blanket Bay # HA-D&B

Mike Luke Van

Florida Department of Environmental Protection Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: CEN-DIST

Project ID: SMP

Requester: Michael Linger

Collected By: Mike Linger, Lert Boman

Field Report Prepared By: Mike Linger

Sampling Agency: FDEP

CE-Roc

Location	Lake Van @ NW Corner of W Lobe	G4CE0100 Field ID ↑ STORET ↓ G4CE0100	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 12/1/16 Time 10:56	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2)
Field ID			Matrix (type, e.g., Salt, Fresh, etc) Fresh	Diss. Oxygen 8.4	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STORET	Date: 12/1/2016 RQ-2016-12-05-61		Temp (C) 21.4	pH 6.5	Sample Depth 0.3	Sp. Conductance (umho/cm) 221	
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments		
Location	Lake Van @ SE Corner of W Lobe	G4CE0102 Field ID ↑ STORET ↓ G4CE0102	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 12/1/16 Time 11:09	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID			Matrix (type, e.g., Salt, Fresh, etc) Fresh	Diss. Oxygen 8.4	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STORET	Date: 12/1/2016 RQ-2016-12-05-61		Temp (C) 21.3	pH 6.5	Sample Depth 0.3	Sp. Conductance (umho/cm) 220	
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments		
Location	Lake Van @ SW Corner of W Lobe	G4CE0099 Field ID ↑ STORET ↓ G4CE0099	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 12/1/16 Time 11:23	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID			Matrix (type, e.g., Salt, Fresh, etc) Fresh	Diss. Oxygen 8.3	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STORET #	Date: 12/1/2016 RQ-2016-12-05-61		Temp (C) 21.3	pH 6.5	Sample Depth 0.3	Sp. Conductance (umho/cm) 220	
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	Sp. Conductance (umho/cm)	
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments		

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
MLC	12/1/16 13:20	Fed Ex						

1 cooler

Group: A Bottle Type: P-1L # of Bottles: 3 Preservative: ICE Enter Number of Bottles Sent to Lab 3

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

Group: A Bottle Type: P-1L # of Bottles: ~~3~~ Preservative: ICE Enter Number of Bottles Sent to Lab _____

BOD-UNIN

Group: A Bottle Type: BP-1L # of Bottles: 3 Preservative: ICE Enter Number of Bottles Sent to Lab 3

CHLSUITE-W

Group: A Bottle Type: P-500ML # of Bottles: 3 Preservative: ICE And H2SO4 Enter Number of Bottles Sent to Lab 3

W-NH3
W-NO2NO3
W-S-A-TP
W-TKN
W-TOC

Group: A Bottle Type: P-125ML # of Bottles: 3 Preservative: ICE-FLTR Enter Number of Bottles Sent to Lab 3

W-PO4-F

Date of Request: 01-DEC-2016
 Created By: LINGER_M On: 01-DEC-2016
 Modified By: MATTHEWS_D On: 02-DEC-2016
 Customer: CEN-DIST
 Project: SMP
 Division:
 District: Central District
 Sampling Event: Lake Van

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: A
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 01-DEC-2016
 Biology Request Reviewed By: MATTHEWS_D On: 02-DEC-2016
 Sampling Kit Required: NO Ship on:
 Sampling Kit Shipped:
 Sampling Kit Packed By:
 Preservatives Needed: NO
 Date to Receive Samples: 05-DEC-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 3 Samples:

Bottle Type: P-1L	Number of Bottles: 3	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: 3	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: 3	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: 3	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

Log-in Checklist

RQ-2016-12-05-61

Shipping Method: Fedex

Date/Time of Receipt: 12-2-16/10:18

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		
Red	-0.8	12		✓			

*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: 12-2-16

NCRs (Y/N)? N

Event ID: CENDIST-2016-12-02-01

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:

00116

01000

FedEx Package
Express US Airbill
FedEx
Tracking
Number

8099 4719 3300

Form
ID No.

0215

16451

1 From

Date

12/1/16

Sender's
Name

Mike Linger

Phone

407 847 4100

Company

FDEP

Address

3319 Maguire Blvd

Dept./Floor/Suite/Room

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.

4 Express Package Service * To most locations.

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

☐ FedEx
Second
Day
Delivery

☐ FedEx
Second
Day
Delivery

☐ FedEx
Third
Day
Delivery

5 Packaging *Declared value limit \$500.

☐ FedEx Envelope*☐ FedEx Pak*☐ FedEx
Box

6 Special Handling and Delivery Signature Opti

☐ Saturday Delivery

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

☐ No Signature Required
Package may be left without
obtaining a signature for delivery.

☐ Direct Signature
Someone at recipient's address
must sign for delivery.

Does this shipment contain dangerous goods?

☒ No

One box must be checked.

☐ YesAs per attached
Shipper's Declaration.☐ YesShipper's Declaration
not required.

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

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No.

☐ Sender
Acct. No. in Section
1 will be billed.

☒ Recipient

☐ Third Party

Total Packages

Total Weight

1

45

lbs.

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

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05943033



8099 4719 3300