

Central Laboratory Submittal Form

Customer: SO-DIST

Project ID: SMP

Requester: Benjamin Paswater

Field Report Prepared By: Mark Thompson

Collected By: Mark Thompson

Sampling Agency: SCCF Marine Lab

Location <u>Dunes Weir DS</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>8-29-16</u> Time <u>10:00</u>		☒ Eastern ☐ Central	Composite end Date _____ Time _____		Bottle Group(s) (See pg 2) <u>A</u>
Field ID		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh Salinity = 5.52</u>		Diss. Oxygen <u>76.2</u>	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L)		
STORET #		Temp (C) <u>30.6</u>	pH <u>7.88</u>		Sample Depth <u>0.1</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>9904</u>	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms		Salinity (ppt) <u>5.52</u>		Comments <u>DO mg/L = 5.53; Chla probe = 2.25; Turb probe 4.5 NTU</u>			

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			

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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: <u>SK</u>	Date/Time: <u>8-30-16/10:00</u>
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Group: A	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>1</u>
	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	<u>1</u>
	BOD-UNIN						
Group: A	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>1</u>
	CHLSUITE-W						
Group: A	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	Lugols	Enter Number of Bottles Sent to Lab	<u>1</u>
	DTY-QN-C						
	PKD-QN-BV						
	PKD-QN-C						
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	<u>1</u>
	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	<u>1</u>
	W-PO4-F						

Printed: 8/30/2016 10:45:00 AM

Page 1 of 1

Date of Request: 03-MAR-2016
 Created By: PASWATER_B On: 03-MAR-2016
 Modified By: WATTS_J On: 30-AUG-2016
 Customer: SO-DIST
 Project: SMP
 Division: Not Applicable
 District:
 Sampling Event: Sanibel Dune Lakes

Send Coolers To:

Phone: 239-395-4616
 Marine Lab, SCCF
 900A Tarpon Bay Road
 Sanibel, FL 33957
 Attn: Eric Milbrandt

Program Module Number:
 Priority: 3
 Event Status: A
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 30-AUG-2016
 Biology Request Reviewed By: WATTS_J On: 30-AUG-2016
 Sampling Kit Required: YES Ship on: 01-APR-2016
 Sampling Kit Shipped: YES On: 30-MAR-2016
 Sampling Kit Packed By: KITCHEN_S
 Preservatives Needed: NO
 Date to Receive Samples: 11-APR-2016
 Received By:

Send Final Report To:

FLDEP South District Office
 2295 Victoria Ave. Suite 364
 Fort Myers, FL 33901
 Attn: Ben Paswater

Report Type: Final Only
 FTP Data: NO
 QC Report: YES
 Date Log: NO
 Authorization Log: NO

Comments: Sanibel Dune Lakes

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: BP-1L	Number of Bottles: 1	Preserved With: Lugols
DTY-QN-C	Template: DEFAULT	(SOP-AB05_1) No. of diatom taxa of quantitative phytoplankton sample.
PKD-QN-BV	Template: DEFAULT	(SOP-AB05) No. of wet taxa of quantitative phytoplankton sample w/speciation and cell counts.
PKD-QN-C	Template: DEFAULT	(SOP-AB05) No. of wet taxa of quantitative phytoplankton sample.
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

* - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.

Log-in Checklist

RQ- 2016-04-11-07

Shipping Method: Fedex

Date/Time of Receipt: 8-30-16 / 1000

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		
Blue	0.8	5		✓			

*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: 8-30-16

NCRs (Y/N)? N

Event ID: SO-DIST-2016-08-30-01

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:

16382

fedex.com 1800.GoFedEx 1800.463.3339

05943033

FedEx Package
Express US Airbill
FedEx
Tracking
Number

8099 4719 6089

1 From XXXXXXXXXXXXXXXXXXXX
 Date 8-29-16
 Sender's Name Mark Thompson Phone 239 395 4617
 Company SCCF Marine Lab
 Address 900 A Tarpon Bay Rd
 City Sanibel State FL ZIP 33957

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

0122643602



8099 4719 6089

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, 3, 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 _____ lbs. _____ 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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